

EPA Region 5 Records Ctr.

Subject:

1991 NON-HAZARDOUS WASTE SHIPMENTS WISCONSIN BOULEVARD FACILITY

From:

J. Magary

Date:

09~JAN-92

Attention:

W. Baker

C-95

cc:

A. Wright

A-31

As you requested, the year-end totals of non-hazardous waste shipments from the Wisconsin Boulevard Facility are given in the table below. The information was compiled from Salvage Department Environmental Manifests. Volume units are cubic yards. Please let me know if you need more information.

John V. Magary

frvironmental Engineering

#### I. Pinnacle Road Landfill

|                      | 3       |          |
|----------------------|---------|----------|
| flyash               | 2280 yd | 76 trips |
| friction paper       | 420     | 14       |
| metallic dust        | 2850    | 95       |
| metallic solids      | 3720    | 124      |
| asbestos dust/solids | 1170    | 39       |
| plater scrap         | 60      | 2        |

#### II. South Dayton Dump

|                | 3       |           |
|----------------|---------|-----------|
| scrap wood     | 3150 yd | 105 trips |
| dirt, concrete | 570     | 19        |

#### III. South Incinerator

| South Inclinerator |         |           |
|--------------------|---------|-----------|
|                    | 3       |           |
| general trash      | 5922 yd | 141 trips |

WP1.nonhaz91



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| <b>EMERGENCY INFORMATION</b>              |   |  |               | SCA                                   | LE INFORMATION                          |
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| IMMEDIATE RESPONSE INFO                   | RMATION                                 |  |               |                                       |   |
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|   | SHIPP                                   | ING INFORM                             | IATION        |                                       |   |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                            | QUANTITY                               | CONTAIN       | NER TYPE                              | MATERIAL DESCRIPTION                    |
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| COMPANY NAME                              |   |  |               |                                       |   |
| ADDRESS                                   | 4 512                                   |  |               |                                       | DER                                     |
| CITY                                      | STATE                                   | 1 0 w                                  |               |                                       | PHONE                                   |
| This is to certify that the above named r | materials are properly cla              | issified, describe                     | d, packaged,  | marked and                            | labeled, and are in proper condition fo |
| transportation according to the applica   | ble regulations of the D                | epartment of Tra                       | ansportation  | and the EPA                           | . Keep gold copy for your records.      |
| Signature                                 | Print I                                 | Name                                   | Jet.          |                                       | Phone                                   |
| TRANSPORTER                               |   | EP.                                    | A IDENTIFIC   | ATION NO.                             |   |
|   |   |  | _ ST.         | ATE I.D. COI                          | DE                                      |
| ADDRESS                                   |   |  | <br>          | B I D. NO                             |   |
| CITY                                      | STATE                                   |  |               | 71P                                   | PHONE                                   |
| This is to certify acceptance of the abo  | ove materials for shipme                | nt. Keep pink co                       | py for your i | ecords. App                           | ropriate placards were offered.         |
| Signature                                 | Print I                                 | Name                                   |               |                                       | Date Received                           |
| TREATMENT/DISPOSAL FACILITY               |   | EP                                     | A IDENTIFIC   | ATION COD                             | E NO                                    |
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| This is to certify completion of treatmen | nt, storage, reclamation,               | or disposal in co                      | mpliance wit  | th appropriat                         | e regulations. Keep canary copy for     |
| your records. Forward white copy to       |   | <del>-</del>                           |               | •                                     |   |
| Signature                                 | Print I                                 | Name                                   |               | · · · · · · · · · · · · · · · · · · · | Date                                    |
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| This is to certify that the above named materials are properly classified, described, packaged,  |                        |   |
| ransportation according to the applicable regulations of the Department of Transportation  | and the EPA            | A. Keep gold copy for your i                                |
| Signature Wigne WANE O   | MH                     | DN Phone 4/53 76  |
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| ADDRESS JO   | B I.D. NO<br>ZIP       | PHONE   |
| This is to certify acceptance of the above materials for shipment. Keep pink copy for your i   | records. App           | 。<br>第一章  |
| Signature Print Name   |                        | Date Received   |
| TREATMENT/DISPOSAL FACILITY EPA IDENTIFIC  | ATION COD              | DE NO.  |
|  | ATE I.D. NO            | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$    |
| ADDRESS  | 12.0 50000 2000        | PHONE 4   |
| This is to certify completion of treatment storage reclamation or disposal in compliance wil   |                        |   |
| your records. Forward white copy ao generator-Processing pryour invoice will begin it  | ipon receipt           | t of signed copy of this man                                |
| algrandici e e e e e e e e e e e e e e e e e e   |                        | Date  |



| EMERGENCY INFORMATION  |  |                    | SCAI   | LE INFORMATION   |
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|  | IWN HHZ  | (N) 1(1)3          |  | CONCILERATION  |
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| transportation according to the applicab   | le regulations of the C  | Department of Tr   | ansportation and the EPA   | Keep gold copy for your record   |
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| TRANSPORTER // COMPANY:  |  |                    | A IDENTIFICATION NO.   |  |
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| EMERGENCY INFORMATION  |  | · · · · · · · · · · · · · · · · · · · | SC   | ALE INFORMATION  |
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| IN CASE OF EMERGENCY, NO   | TIFY/LILL  | 12 (1)                                | TR/  | AILER NO. TRACTOR NO.  |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY                              | CONTAINER TYPE   | MATERIAL DESCRIPTION   |
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| ADDITIONAL INFORMATION:  |  |                                       |  |  |
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| This is to certify acceptance of the abo   | ALE STATE OF THE S |                                       | py for your records. Ap  | propriate placards were offered.                                     |
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| EMERGENCY INFORMATION  |   |   | SC   | ALE INFORMA            | TION                                   |
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| IMMEDIATE RESPONSE INFO  | RMATION   | na di kacamatan di<br>Kacamatan di kacamatan di kacama | #5   |                        |  |
|  | A)DA)   | HAZ   |  |                        |  |
|  |   |   | NE   | T WT                   |  |
| IN CASE OF EMERGENCY, NO   | TIFY / Milline  | 1. hilso  | TR   | AILER NO. T            | RACTOR NO.                             |
|  |   |   |  |                        |  |
|  | SHIPP   | ING INFORM  | ATION  |                        |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS  | QUANTITY  | CONTAINER TYP  | E MATERIAL             | DESCRIPTION:                           |
|  | NON HAZ   | 20 V/00   | *102N  | CORRE                  | W000                                   |
|  | \U\\\   | JU 11/3   | 100 }  | 120////                | - <i>VOOO</i>                          |
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| □ RECLAMATION I  | NGINERATION   | LAND  | )FILL' □ OT  | HER (Specify)          | <b>D</b> UMPS                          |
| ADDITIONAL INFORMATION   |   |   |  |                        |  |
| THE STATE OF THE S |   |   |  | A. Carlotte            |  |
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| This is to certify that the above named n  | naterials are properly cla  | アルファウス・アントルリングラス アンプラインファイン   | l, packaged, marked a  | nd labeled, and are l  | n proper condition to                  |
| transportation according to the applica  | ble regulations of the D  | Department of Tra   | nsportation and the E  | PA. Keep gold cop      | y for your records.                    |
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□ HAZARDOUS: □ NON-HAZARDOUS: □ WASTE: □ RECLAIMABLE MATL: NO. 7/7/7/3

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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS  | QUANTITY   | CONTAIN                              | IER TYPE   | MATER                      | IAL DESCRIPTION                                  |
|  | NON HAZ   | 30405  | BOX                                  | /  | SCRH                       | P WOOD   |
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# ENVIRONMENTAL MANIFEST DM 2871 REV 11/80 - HAZARDOUS D'NON-HAZARDOUS D'WASTE D'RECLAIMABLE MATL NO VIENE DE L'ANDRE DE L'

| EMERGENCY INFORMATION  |   |                        |  | SCA  | LE INFOR  | MATION                  |
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| DOTA SHIPFING DESCRIPTION  | HAZAND CLASS  |                        |  | VEN 11 FE  |   |                         |
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| COMPANY ADDRESS  |   |                        | ST<br>JO   | ATE I.D. COI                                     | DE -  |                         |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS  | QUANTITY                                | CONTAINER TYPE  | MATERIAL DESCRIPTION   |
|  | NON HAZ   | 30105                                   | BOX   | SCRAP WOOD   |
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| transportation according to the application  | able regulations of the C   | Pepartment of Tre                       | ansportation and the EP   |  |
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| TRANSPORTER // COMPANY   |   |   | A IDENTIFICATION NO.  | · · · · · · · · · · · · · · · · · · ·  |
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| Signature TREATMENT/DISPOSALE ACILITY.   | Print   |   | LINE THE CATION CO  | Date Received  |
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| IMMEDIATE RESPONSE INFO  | RMATION  |                              |  | #5   |                                 |  |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS                                   | QUANTITY                     | CONTAIN  | IER TYPE   | MATER                           | IIAL DESCRIPTION   |
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| EMERGENCY INFORMATION                     |  |  |  | SCALE INFORMATION |                                       |  |
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| IMMEDIATE RESPONSE INFORMATION            |  |  |  | ./                | -                                     |  |
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| IN CASE OF EMERGENCY, NO                  | TIFY: (Marine                                    | and the state of t | <u>/}~</u>                                 | IRAI              | LER NO. TR                            | ACTOR NO.  |
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| ٢~  | SHIPPI   | NG INFORM  | ATION                                      |                   |                                       |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                                     | QUANTITY   | CONTAIN                                    | IER TYPE          | MATERIAL D                            | ESCRIPTION   |
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| □ RECLAMATION □ II                        | NCINERATION                                      | □ LANI   | DFILL                                      | OTH               | ER (Specify) _                        | DUMP   |
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| CITY                                      | STATE  |  |  |                   |                                       |  |
| This is to certify that the above named m |  |  |  |                   |                                       | 217 4 - 3.25 - 5.1   |
| transportation according to the applical  | ole regulations of the D                         | epartment of Tra   | ansportation.                              | and the EPA       | Keep gold copy                        | or your records.   |
| Signature Augu Cax                        | AD Print !                                       | Name DAYA  | JE W                                       | 4750N             | Phone 2                               | 55-6391  |
| TRANSPORTER                               | •  |  | A IDENTIFIC                                | ATION NO.         |                                       |  |
| COMPANY                                   | A1   |  |  | ATE I.D. COL      | •                                     |  |
| ADDRESS                                   | 1/   |  | JOI  | B I.D. NO         | <u> </u>                              |  |
| CITY                                      | STATE  | <del></del>  |  | ZIP               | PHONE _                               |  |
| This is to certify acceptance of the abou | ve materials for shipme                          | nt. Keep pink co   | py for your r                              | ecords. Appi      | opriate placards w                    | ere offered.   |
| Signature                                 | Print !  | Name   |  |                   | Date Rec                              | eived  |
| TREATMENT/DISPOSAL FACILITY               | 1700 000   | e EP/  | A IDENTIFIC                                | ATION COD         | E NO                                  |  |
| COMPANY SOUTH WITH                        | YION DUIN  | <i>7</i> /   | ST/  | ATÈ I.D. NO.      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
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| IMMEDIATE RESPONSE INFORMATION            |  |   | #5                          | -  |  |
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| , , ,                                     | T  | PING INFORM                                   | IATION                      | ·  | <del>1</del>   |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS   | S QUANTITY                                    | CONTAIN                     | IER TYPE   | MATERIAL DESCRIPTION   |
|   | NON HAZ  | 2 30 405                                      | BOX                         |  | SCRAP WOOD   |
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| □ RECLAMATION □ I                         | INCINERATION   | □ LAN   | DFILL                       | OTH  | ER (Specify) DUMP  |
| ADDITIONAL<br>INFORMATION:                |  |   |                             |  |  |
| INFURMATION.                              | <del></del>  |   | <del></del>                 |  |  |
|   |  | CERTIFICATION                                 | ON                          | S F  |  |
| 1   | SHIPPED 3-1  | 6-72 EP                                       | A IDENTIFIC                 | ATION COD  | DE NO.   |
| COMPANY NAME                              | <del></del>  | <u>· · · · · · · · · · · · · · · · · · · </u> | ST/                         | ATE I.D. NO.   |  |
| ADDRESS                                   | STATE  |   | PUI                         | RCHASE OR  | RDERPHONE  |
| This is to certify that the above named n |  |   |                             |  | A service of the serv |
| transportation according to the applica   |  |   |                             |  | Keep gold copy for your records.   |
| Signature Riber City                      | , , -  | it Name                                       | NE 1                        | JA150,   | N Phone 455-639/   |
| TRANSPORTER                               | <del></del>  |   | A IDENTIFIC                 | ATION NO.  |  |
| COMPANY                                   |  |   |                             | ATE I.D. COI   |  |
| ADDRESS                                   | 211-   |   | JOE                         | B I.D. NO  |  |
| CITY                                      | STATE _  |   |                             |  | PHONE  |
| This is to certify acceptance of the abo  | ve materials for shipm   | ent. Keep pink co                             | opy for your re             | ecords. Appi   | ropriate placards were offered.  |
| Signature                                 | Prin   | t Name  |                             | <del></del>  | Date Received  |
| TREATMENT/DISPOSAL FACILITY               | August August  | ာ EP  | A IDENTIFIC                 | ATION COD  | E NO.  |
| COMPANY SOUTH OAY                         | TON DUINI  | <del></del>                                   |                             | ATE I.D. NO.   | 3 a. 2040 21 See 4830534   |
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| your records. Forward white copy to       | <b>在中国的政治国际政治、副国际企业、产品企业</b> 企业  | This continues that the second                | and the second second       | The second second  |  |
| Signature                                 | Print  | l Name  |                             | を表現している。<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、 | Date   |



| EMERGENCY INFORMATION                        |                          |                                       |                  | SCALE INFORMATION                     |  |  |  |
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| IMMEDIATE RESPONSE INFORMATION               |                          |                                       |                  | #5                                    | en e   |  |  |
|  | . \ / ) #                | ) HHZ                                 |                  | <b>.</b>                              | ing period of the data state with the day of   |  |  |
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| N CASE OF EMERGENCY, N                       | OTIFY:                   | 1000                                  | <del></del>      | TRAI                                  | LER NO. TRACTOR NO.  |  |  |
| ,~   | SHIPPI                   | ING INFORM                            | IATION           |                                       |  |  |  |
|  | T                        | <u> </u>                              | r                | TVD5                                  | MATERIAL RECORDERSION  |  |  |
| D.O.T. SHIPPING DESCRIPTION                  | HAZARD CLASS             | QUANTITY                              | CONTAINER        | RIYPE                                 | MATERIAL DESCRIPTION   |  |  |
|  | NON HAZ                  | 30405                                 | BOX              |                                       | SCRIP WOOD   |  |  |
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| RECLAMATION                                  | INCINERATION             | - LAN                                 | DFILL            | □OTH                                  | ER (Specify) DUNIP   |  |  |
| ADDITIONAL                                   |                          |                                       |                  |                                       |  |  |  |
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|  | C                        | ERTIFICATION                          |                  |                                       |  |  |  |
| GENERATOR DATE                               | SHIPPED 3 -//-           | 9.7 EP                                | A IDENTIFICAT    | ION COD                               | E NO.  |  |  |
| COMPANY NAME                                 |                          |                                       | STATE            | E I.D. NO.                            |  |  |  |
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| CITY This is to certify that the above named | •                        | <del></del>                           |                  |                                       | PHONE  |  |  |
| ransportation according to the applic        |                          |                                       |                  |                                       |  |  |  |
| Signature August 16                          | Print I                  | Name WAYA                             | E WA             | TSON                                  | Phone 455-139/   |  |  |
| FRANSPORTER J                                |                          |                                       | A IDENTIFICAT    | ION NO                                |  |  |  |
| COMPANY                                      | <u> </u>                 |                                       |                  |                                       | DE   |  |  |
| ADDRESS                                      | 11/-                     | <u>-</u>                              |                  |                                       |  |  |  |
| DITY   | STATE                    |                                       | ZIF              | ·                                     | PHONE  |  |  |
| This is to certify acceptance of the ab      | ove materials for shipme | nt. Keep pink co                      | py for your reco | ords. App                             | ropriate placards were offered.  |  |  |
| Signature                                    | Print !                  | Name                                  |                  | · · · · · · · · · · · · · · · · · · · | Date Received  |  |  |
| REATMENT/DISPOSAL, FACILITY                  | <b>-</b>                 | EP.                                   | A ÍDENTIFICAT    | ION COD                               | E NO   |  |  |
| COMPANY SOUTH OAY                            | TON DUMP                 | · · · · · · · · · · · · · · · · · · · | STATE            | E I.D. NO.                            |  |  |  |
|  | A CONTRACTOR OF STREET   |                                       | JOB N            | 10                                    | · 10 11 国际中的特别。在日本的  |  |  |
| ADDRESS TON                                  | STATE C                  | - 1/1/-                               |                  | ·                                     | PHONE  |  |  |



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| IMMEDIATE RESPONSE INFORMATION            |                  |                     |             | #5            |                                  |  |
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| 6.5                                       | SHIPPI           | NG INFORM           | ATION       |               |                                  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS     | QUANTITY            | CONTAIN     | IER TYPE      | MATERIAL DESCRIPTION             |  |
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| □ RECLAMATION □ II                        | NCINERATION      | □ LANI              | DFILL       | □ OTHI        | ER (Specify) DUIIIP              |  |
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| ADDRESS                                   | <del></del>      |                     | 31/<br>DUI  | TATE I.D. NO. |                                  |  |
| CITY                                      | STATE            |                     | PUI         | 71P           | PHONE                            |  |
| This is to certify that the above named n |                  |                     |             |               |                                  |  |
| transportation according to the applica   |                  |                     |             |               | Keep gold copy for your records. |  |
| Signature                                 |                  | Name W//            | NE L        | )47501        | N Phone 455-639/                 |  |
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| TRANSPORTER (                             |                  | EPA                 |             |               |                                  |  |
| ADDRESS                                   | 11/              | 7                   |             |               | )E                               |  |
| CITY                                      | STATE            |                     |             |               | PHONE                            |  |
| This is to certify acceptance of the abo  |                  |                     |             |               |                                  |  |
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| TREATMENT/DISPOSAL FACILITY:              |                  | FP                  | A IDENTIFIC | ATION COD     | E NO                             |  |
| COMPANY SOUTH UM                          | YION DU          | MP                  |             |               |                                  |  |
| ADDRESS                                   | ····             |                     |             |               |                                  |  |
| CITY LITYTON                              | STATE 🕰          | 11 10               |             |               | PHONE                            |  |
| This is to certify completion of treatmen |                  |                     |             |               |                                  |  |
| your records. Forward white copy to       |                  | •                   |             |               |                                  |  |
| Signature                                 | Print N          | lame                | <del></del> |               | Date                             |  |



| EMERGENCY INFORMATION   |              |          |                  |                                       | SCA         | LE INFORMATION                  |
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| IN CASE OF EMERGENCY, NO  | OTIFY:       | Dayne,   | ( ) Esto         |                                       |             | LER NO. TRACTOR NO.             |
| s~  |              | SHIPPI   | ING INFORM       | ATION                                 |             | <del></del>                     |
| D.O.T. SHIPPING DESCRIPTION   | НАЗАБ        | RD CLASS | QUANTITY         |                                       | IER TYPE    | MATERIAL DESCRIPTION            |
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|   | NON          | HAZ      | 30 YO;           | BOX                                   |             | SCRAP WOOD                      |
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|   | <del></del>  | MATE     | RIAL DISPOS      | SITION                                | <del></del> |                                 |
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| CITY  |              | STATE    |                  |                                       | ZIP         | PHONE                           |
| This is to certify that the above named retransportation according to the applications. |              |          |                  |                                       |             |                                 |
| Signature Car ( )   |              |          |                  |                                       |             | Phone 455-6391                  |
|   | 2.(.)        | FIIIL    |                  |                                       |             |                                 |
| TRANSPORTER COMPANY   |              | •        | EP.              |                                       |             | DE                              |
| ADDRESS Sign  | 11           |          | 7.4              |                                       |             |                                 |
| CITY  | 16           | STATE    |                  |                                       |             | PHONE                           |
| This is to certify acceptance of the abo  |              |          | nt. Keep pink co | py for your i                         | ecords. App | ropriate placards were offered. |
| Signature   |              | Print I  | Name             |                                       |             | Date Received                   |
| TREATMENT/DISPOSAL_FACILITY ,   |              |          |                  |                                       |             | E NO                            |
|   | TON,         | DUNIP    |                  |                                       |             |                                 |
| ADDRESS   | ·            |          | 12/10            |                                       |             |                                 |
| CITY UN Y I U N   |              | STATE    | HID              |                                       |             | PHONE                           |
| This is to certify completion of treatment your records. Forward white copy to          | generator.   |          |                  |                                       |             |                                 |
| Signature   | <u> </u>     | Print I  | Name             | <u> </u>                              |             | Date                            |
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| EMERGENCY INFORMATION                    |  |                  |  | SCALE INFORMATION                               |
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| IN CASE OF EMERGENCY, NO                 | TIFY: Mon                              | (1,500)          | ļ- t   | TRAILER NO. TRACTOR NO.                         |
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| F  | SHIPP                                  | ING INFORM       | ATION  | <del></del>                                     |
| D,O.T. SHIPPING DESCRIPTION              | HAZARD CLASS                           | QUANTITY         | CONTAINER T  | YPE MATERIAL DESCRIPTION                        |
|  | NON 1772                               | 30 YDS           | 130 X  | SCRAP WOOD                                      |
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|  | MATE                                   | RIAL DISPOS      | SITION   |   |
| RECLAMATION DI                           | NCINERATION                            | □ LAN            | DFILL -  | OTHER (Specify) DUMP                            |
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|  |  | ERTIFICATIO      | and the second s | N CODE NO.                                      |
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| ADDRESS                                  |  |                  |  |   |
| CITY                                     | STATE                                  |                  | ZIP _  | PHONE   |
|  |  |                  | •  | ed and labeled, and are in proper condition for |
| transportation according to the applica  | ble regulations of the D               | Department of Tr | ansportation and the   | SON Phone 45.5 (39)                             |
| •  | Print                                  |                  |  |   |
| TRANSPORTER (                            | <b></b> .                              |                  |  | N NO<br>D. CODE                                 |
| ADDRESS 111/                             |  |                  |  | NO.   |
| CITY                                     | STATE                                  |                  |  | PHONE   |
| This is to certify acceptance of the abo | -                                      |                  | •  |   |
| Signature                                | Print !                                | Name             |  | Date Received                                   |
| TREATMENT/DISPOSAL FACILITY              |  |                  |  | N CODE NO.                                      |
| COMPANY SOUTH DA                         | YTUN DUMP                              | · <b>/</b>       |  | D. NO   |
| ADDRESS                                  |  |                  | JOB NO.  |   |
| CITY DAYTUN                              | STATE ${\cal Q}$                       | H10              |  | PHONE   |
|  |  | -                |  | ropriate regulations. Keep canary copy for      |
| your records. Forward white copy to      |  |                  | will begin upon i  | eceipt of signed copy of this manifest.         |
| Signature                                | Print I                                | Name             |  | Date  |
| <del></del>                              |  |                  |  |   |



| EMERGENCY INFORMATION                     |                           |                                       |                | SCALE INFORMATION |                   |              |
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| IMMEDIATE RESPONSE INFO                   | RMATION                   |                                       |                | yes som           |                   |              |
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| IN CASE OF EMERGENCY, NO                  | MIFY:                     | 1 - Marie Marie                       |                | ITAI              | LEN NO. 1N/       | ACTOR NO.    |
|   |                           |                                       |                |                   |                   |              |
| <u> </u>                                  | SHIPPI                    | NG INFORM                             | ATION          |                   | <u> </u>          |              |
| D,O.T. SHIPPING DESCRIPTION               | HAZARD CLASS              | QUANTITY                              | CONTAINE       | R TYPE            | MATERIAL D        | ESCRIPTION   |
|   | NON HATZ                  | 30 YOS                                | BOX            |                   | SCRAP             | WOOD         |
|   |                           |                                       |                |                   |                   |              |
|   |                           |                                       |                | <del> </del>      |                   |              |
|   |                           |                                       | - <del></del>  |                   |                   | <del> </del> |
| <del></del>                               |                           |                                       | <del></del>    | <del></del>       |                   |              |
|   | MATE                      | RIAL DISPOS                           | TION           |                   |                   |              |
|   | <del></del>               | <del></del>                           | <del></del>    |                   |                   | 0/100        |
| □ RECLAMATION □ I                         | NCINERATION               | D LAN                                 | OFILL          | OTH               | ER (Specify)      | JUINP        |
| ADDITIONAL INFORMATION:                   |                           |                                       |                |                   |                   |              |
|   |                           |                                       |                |                   |                   |              |
|   |                           | RTIFICATIO                            |                |                   |                   |              |
|   | SHIPPED                   | /_7 EP                                | A IDENTIFICAT  | TON COD           | E NO              |              |
| COMPANY NAME                              |                           |                                       | SIAI           | E I.D. NO.        |                   |              |
| CITY                                      | STATE                     | <del></del>                           | FUNC           | P                 | PHONE _           |              |
| This is to certify that the above named r |                           |                                       |                |                   |                   |              |
| transportation according to the applica   |                           |                                       |                |                   |                   |              |
| Signature Man ( Att                       | Print N                   | Name [2]#1\//                         | VE WA          | TSON              | Phone 🖄           | 55-6591      |
| TRANSPORTER                               |                           | EP.                                   | A IDENTIFICAT  | ION NO.           | ·                 | <del></del>  |
| COMPANY                                   | 16                        |                                       |                |                   | DE                |              |
| ADDRESS                                   | <del>[</del>              |                                       |                |                   |                   |              |
| CITY                                      |                           |                                       |                |                   | PHONE _           |              |
| This is to certify acceptance of the abo  |                           | · ·                                   |                |                   |                   |              |
| Signature                                 | Print N                   |                                       |                |                   |                   |              |
| COMPANY SOUT IT USE                       | YTON DAM                  | 3/3                                   |                |                   | E NO              |              |
| ADDRESS                                   | 101- 101141               | <u> </u>                              |                |                   |                   |              |
| CITY DAYTON                               | STATE 0/                  | 410                                   |                |                   | PHONE _           |              |
| This is to certify completion of treatmen | nt, storage, reclamation, | or disposal in co                     |                |                   |                   |              |
| your records. Forward white copy to       | generator. Processing     | of your invoice                       | will begin upo | n receipt         | of signed copy of |              |
| Signature                                 | Print N                   | lame                                  |                | <del></del>       | Date              | <del></del>  |
|   |                           |                                       | <del></del>    |                   | <del> </del>      |              |



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.সেব্রান্তাল

| EMERGENCY INFORMATION   |                           |                              |                                       | SCALE INFORMATION |                                    |  |
|---|---------------------------|------------------------------|---------------------------------------|-------------------|------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION  |                           |                              |                                       | # 9               |                                    |  |
|   |                           |                              |                                       |                   |                                    |  |
|   | NOI                       | 0 HAZ                        | 2                                     |                   |                                    |  |
|   | , )                       |                              | ١                                     | NET               | WT                                 |  |
| IN CASE OF EMERGENCY, NO  | TIFY: LA CO               | 1. Care                      | 15,-                                  | TRAI              | LER NO. TRACTOR NO.                |  |
|   | •                         |                              |                                       |                   |                                    |  |
|   |                           |                              |                                       |                   | <del></del>                        |  |
|   | SHIPPI                    | NG INFORM                    | IATION                                | <del></del>       | <u></u>                            |  |
| D,O.T. SHIPPING DESCRIPTION   | HAZARD CLASS              | QUANTITY                     | CONTAIN                               | ER TYPE           | MATERIAL DESCRIPTION               |  |
|   | NON HAZ                   | 30 YUS                       | BOY                                   |                   | SCRAP WOOD                         |  |
|   |                           |                              |                                       |                   |                                    |  |
|   |                           |                              | · · · · · · · · · · · · · · · · · · · |                   |                                    |  |
|   | <u> </u>                  |                              | <u> </u>                              |                   |                                    |  |
|   |                           |                              |                                       |                   | <u> </u>                           |  |
|   |                           |                              |                                       |                   |                                    |  |
|   | MATER                     | RIAL DISPOS                  | SITION                                |                   |                                    |  |
| □ RECLAMATION □ I   | NCINERATION               | □ LAN                        | DFILL                                 | OTH               | ER (Specify) DUM                   |  |
| ADDITIONAL  | <del></del>               |                              |                                       |                   |                                    |  |
| INFORMATION:  |                           |                              |                                       |                   | :                                  |  |
|   |                           |                              | 1                                     |                   |                                    |  |
|   | ,                         | RTIFICATIO                   | N                                     |                   |                                    |  |
|   | SHIPPED _ 4-3-            |                              |                                       |                   | E NO                               |  |
| COMPANY NAME  |                           |                              | STA                                   | TE I.D. NO.       |                                    |  |
| ADDRESS   |                           |                              | PUF                                   | RCHASE OR         | DER                                |  |
| CITY  | STATE                     | ·                            | 2                                     | ZIP               | PHONE                              |  |
| This is to certify that the above named r                                     |                           |                              |                                       |                   |                                    |  |
| transportation according to the applica                                       | ible regulations of the D | epartment of Tra<br>ارا 22 ( | ansportation a                        | and the EPA       | . Keep gold copy for your records. |  |
| Signature A Colon Co  | Print P                   | Name VIII                    | VE U                                  |                   | Phone 455-657/                     |  |
| TRANSPORTER   |                           |                              |                                       |                   |                                    |  |
| COMPANY   | 111-                      | •                            |                                       |                   | DE                                 |  |
| ADDRESS   | <del>//</del>             |                              |                                       |                   |                                    |  |
| CITY  |                           |                              |                                       |                   | PHONE                              |  |
| This is to certify acceptance of the abo                                      |                           |                              |                                       |                   |                                    |  |
| Signature   | Print N                   | Name                         |                                       | ·                 | Date Received                      |  |
| TREATMENT/DISPOSAL FACILITY   | train 171/01              | EP.                          | A IDENTIFICA                          | ATION COD         | E NO                               |  |
| COMPANY SOUTH 1914  | TION DUIN                 |                              |                                       |                   |                                    |  |
| ADDRESS   |                           | 11 11                        | •                                     |                   |                                    |  |
| CITY LATY / OIU   | STATE (2)                 | 710                          |                                       |                   | PHONE                              |  |
| This is to certify completion of treatmer your records. Forward white copy to |                           |                              |                                       |                   |                                    |  |
|   |                           | -                            |                                       | -                 |                                    |  |
| Signature   | Print N                   | lame                         |                                       |                   | Date                               |  |



| N   | n _ |  |   |
|-----|-----|--|---|
| IVU | J.  |  | 冈 |

| EMERGENCY INFORMATION                     |                          |                    |                  | SCALE INFORMATION |                                       |  |
|---|--------------------------|--------------------|------------------|-------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION            |                          |                    |                  | 4 5               |                                       |  |
|   |                          |                    |                  | )                 | •                                     |  |
|   | NON                      | ) HHZ              |                  |                   |                                       |  |
|   |                          |                    | }                | NET \             | WT                                    |  |
| IN CASE OF EMERGENCY, NO                  | TIEVÝ ZÚZZA              | 11 21/1/2          | /2×              | TRAII             | LER NO. TRACTOR NO.                   |  |
| THE OACE OF EMERICACION, NO               |                          | <del></del>        | <del></del>      |                   |                                       |  |
|   |                          |                    |                  |                   |                                       |  |
|   | SHIPP                    | ING INFORM         | ATION            |                   |                                       |  |
| D,O.T. SHIPPING DESCRIPTION               | HAZARD CLASS             | QUANTITY           | CONTAINER        | TYPE              | MATERIAL DESCRIPTION                  |  |
|   | NON HAZ                  | 30 YDS             | 30 YDL           | 95                | SCRAP WOOD                            |  |
|   |                          |                    | =                |                   |                                       |  |
|   |                          |                    |                  |                   |                                       |  |
| <u> </u>                                  |                          | <del> </del>       |                  |                   |                                       |  |
|   |                          |                    |                  |                   | · · · · · · · · · · · · · · · · · · · |  |
|   | NATE                     | <br>RIAL DISPO     | CITION           |                   | <u> </u>                              |  |
|   | <del></del>              | <u></u>            |                  |                   | 01100                                 |  |
| RECLAMATION DI                            | NCINERATION              | □ LAN              | DFILL C          | OTHE              | R (Specify) DUMP                      |  |
| ADDITIONAL<br>INFORMATION:                |                          |                    | ,                |                   |                                       |  |
|   |                          | ERTIFICATION       | N.               |                   | <del></del>                           |  |
| GENERATOR DATE S                          | SHIPPED                  |                    |                  | ON CODE           | E NO                                  |  |
| COMPANY NAME                              | -                        |                    |                  |                   |                                       |  |
|   |                          |                    |                  |                   |                                       |  |
| ADDRESS                                   |                          |                    |                  |                   |                                       |  |
| This is to certify that the above named r |                          |                    |                  |                   |                                       |  |
| transportation according to the applica   | ble regulations of the [ | Department of Tr   | ansportation and | the EPA.          | Keep gold copy for your records       |  |
| Signature Lilling to                      | O.O Print                | Name <u>U//7 Y</u> | NE W             | 71-5              | Phone 455-6391                        |  |
| TRANSPORTER                               |                          | EP                 | A IDENTIFICATIO  | ON NO.            |                                       |  |
| COMPANY                                   | 1/6-                     |                    |                  |                   | E                                     |  |
| ADDRESS                                   | // Comment               |                    |                  |                   | PHONE                                 |  |
| This is to certify acceptance of the abo  | STATE                    |                    |                  |                   |                                       |  |
| Signature                                 | •                        |                    |                  |                   | Date Received                         |  |
| 3   | FIIII                    |                    |                  |                   |                                       |  |
| COMPANY SOUTH OF                          | 4470N DUI                |                    |                  |                   | E NO                                  |  |
| ADDRESS                                   |                          |                    |                  |                   |                                       |  |
| CITY DAY 1010                             | STATE                    | OHIU               |                  |                   | PHONE                                 |  |
| This is to certify completion of treatmen |                          |                    |                  |                   |                                       |  |
| your records. Forward white copy to       |                          |                    |                  | receipt           | of signed copy of this manifest.      |  |
| Signature                                 | Print                    | Name               | <del></del>      |                   | Date                                  |  |
|   |                          |                    |                  |                   |                                       |  |



| N | N  | _ |   |   |  |
|---|----|---|---|---|--|
| N | U. | L | 1 | Z |  |

| EMERGENCY INFORMATION                     |                           |                         |                | SCAL         | E INFORMATION                           |
|---|---------------------------|-------------------------|----------------|--------------|---|
| IMMEDIATE RESPONSE INFORMATION            |                           |                         |                | -14 /        |   |
|   |                           |                         |                | #5           |   |
| ·   | NON                       | HHZ                     |                |              |   |
|   |                           |                         |                | NET '        | WT                                      |
| IN CASE OF EMERGENCY, NO                  | TITY ( )                  | 1 6 7                   |                |              |   |
| IN CASE OF EMERGENCY, NO                  | MIFY: Luddige             | 1 2                     | 3              | IRAI         | LER NO. TRACTOR NO.                     |
|   |                           |                         |                |              | •                                       |
| , A.                                      | SHIPPI                    | NG INFORM               | ATION          |              |   |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS              | QUANTITY                | CONTAIN        | ER TYPE      | MATERIAL DESCRIPTION                    |
|   | NUN HAZ                   | 30405                   | 130            | ×            | SCRAP WOOD                              |
|   |                           |                         | <del>,</del>   |              |   |
|   |                           |                         |                |              |   |
| <del></del>                               | <del></del>               |                         |                |              |   |
|   | <u> </u>                  |                         |                |              |   |
|   |                           |                         |                |              |   |
|   | MATER                     | RIAL DISPOS             | ITION          |              |   |
| □ RECLAMATION □ II                        | NCINERATION               | _ LAN                   | OFILL          | DOTHE        | ER (Specify) DUMP                       |
| ADDITIONAL<br>INFORMATION:                |                           |                         | ·<br>          | ·            |   |
|   | CI                        | RTIFICATIO              | )N             |              |   |
| GENERATOR DATES                           | HIPPED 4-8                | -92 EP                  | A IDENTIFIC    | ATION COD    | E NO                                    |
| COMPANY NAME                              |                           |                         | STA            | ATE I.D. NO. | ·                                       |
| ADDRESS                                   | _ <del></del>             |                         | PUF            | RCHASE OR    | DER                                     |
| CITY                                      |                           |                         |                |              |   |
| This is to certify that the above named n |                           |                         |                |              | ·                                       |
| transportation according to the applica   | ble regulations of the De | epartment of Tra<br>ルムル | Insportation a | and the EPA. | Keep gold copy for your records.        |
| Signature Reynald                         | Print N                   | Name 12771              |                | H134         | Phone <u>955 6511</u>                   |
| TRANSPORTER                               |                           | EP/                     | A IDENTIFIC    | ATION NO     |   |
| COMPANY                                   | 39/                       |                         |                |              | DE                                      |
| ADDRESS                                   | 1/2-                      |                         |                |              |   |
| This is to certify acceptance of the abo  | ve materials for shipmer  |                         |                |              | PHONE<br>opriate placards were offered. |
| Signature                                 |                           |                         |                |              | Date Received                           |
| TREATMENT/DISPOSAL FACILITY               |                           |                         |                |              | E NO                                    |
|   | AYTUN D                   | UMP CO                  |                |              | E NO                                    |
| ADDRESS                                   |                           |                         |                |              |   |
| CITY DAYTON                               | STATE                     | HID                     |                |              | PHONE                                   |
| This is to certify completion of treatmen |                           |                         |                |              |   |
| your records. Forward white copy to       | generator. Processing     | of your invoice         | will begin u   | pon receipt  | of signed copy of this manifest.        |
| Signature                                 | Print N                   | lame                    |                | <u> </u>     | Date                                    |
|   |                           |                         |                |              |   |



| Al | N  |  |   |   |   |
|----|----|--|---|---|---|
| N  | 0. |  | / | 1 | 8 |

| <b>EMERGENCY INFORMATION</b>               |   |                                       |                    | SCAL   | E INFORMATION  |
|--|---|---------------------------------------|--------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION             |   |                                       |                    | #5   |  |
|  |   |                                       |                    | 7/ )   |  |
|  |   | DIN th                                | $Z_{\underline{}}$ |  |  |
|  | , <u>, , , , , , , , , , , , , , , , , , </u> | 7 N = 9                               |                    | NET '  | WT   |
| IN CASE OF EMERGENCY, NO                   | TIFYLA REGION                                 | 1 - A 16.02x                          |                    | TRAII  | LER NO. TRACTOR NO.  |
| ,  |   |                                       |                    |  |  |
|  | CHIDD   | ING INFORM                            | ATION              |  | <del></del>  |
|  | T   | 1                                     |                    |  | <del></del>  |
| D,O.T. SHIPPING DESCRIPTION                | HAZARD CLASS                                  | QUANTITY                              | CONTAIN            | IER TYPE   | MATERIAL DESCRIPTION   |
|  | NOW HATZ                                      | 30405                                 | BOX                | /  | SCRAP WOOD   |
|  | ,,,,,   |                                       | · · · · · · · ·    |  |  |
|  |   |                                       |                    | <del></del>  |  |
|  |   |                                       |                    | <u> </u>   | · · · · · · · · · · · · · · · · · · ·  |
|  | <u> </u>                                      |                                       | <del></del> :      |  |  |
|  |   |                                       |                    |  |  |
|  | MATE  | RIAL DISPOS                           | SITION             | <del></del>  |  |
| □ RECLAMATION □ I                          | INCINERATION                                  | □ LANI                                | OFILL              | OTHE   | ER (Specify) DUMP  |
| ADDITIONAL INFORMATION:                    |   | ·                                     |                    | ·.<br>·  |  |
|  |   |                                       |                    |  |  |
|  |   | ERTIFICATIO                           |                    |  | <u> </u>   |
|  |   | -                                     |                    |  | E NO   |
| ADDRESS                                    |   |                                       |                    |  |  |
| CITY                                       |   |                                       |                    |  |  |
| This is to certify that the above named    |   |                                       |                    |  |  |
| transportation according to the applica    | able regulations of the D                     | epartment of Tra                      | ansportation       |  | Keep gold copy for your records.   |
| Signature Colonia                          | Print l                                       | Name WHY                              | VE W               | HT50N  | Phone 455-6371   |
| TRANSPORTER /                              |   |                                       |                    | ATION NO.  |  |
| COMPANY                                    | 1-  | · · · · · · · · · · · · · · · · · · · | ST                 | ATE I.D. COD   | DE   |
| ADDRESS                                    | 1/  |                                       |                    |  |  |
| CITY                                       |   |                                       |                    | and the second s | PHONE  |
| This is to certify acceptance of the abo   | ·   |                                       |                    |  | 1 9 P  |
| Signature                                  | Print   | Name                                  |                    |  | Date Received  |
| TREATMENT/DISPOSAL FACILITY                | <br>1. سمنگ                                   |                                       |                    |  | E NO   |
| COMPANY SOUTH BAY                          | OD DUMP                                       |                                       |                    |  |  |
| ADDRESS                                    |   | 02/10:                                | JOI                | B NO   |  |
| CITY 1/44 7010                             | STATE =                                       |                                       |                    | _  | PHONE  |
| This is to certify completion of treatment |   |                                       |                    | •  |  |
| your records. Forward white copy to        |   |                                       |                    | T 100 (1)  | ar in the Tarkenske a facility over the second control of the Cont |
| Signature                                  | Print (                                       | Name                                  | <u> </u>           | <u> </u>   | Date   |



| EMERGENCY INFORMATION                     |                           |  |   | SCALE INFORMATION           |                                  |  |
|---|---------------------------|--|---|-----------------------------|----------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION            |                           |  |   |                             |                                  |  |
|   |                           |  |   |                             |                                  |  |
|   | N)ON                      | HAZ  |   | l                           |                                  |  |
|   |                           |  |   | NET                         | WT                               |  |
| IN CASE OF EMERGENCY, NO                  | TIEN /                    |  |   |                             |                                  |  |
| IN CASE OF EMERGENCY, NO                  | THEY: Constitution        | A Company of the State of the S | <del>/</del>                                    | , I DAI                     | LER NO. TRACTOR NO.              |  |
|   |                           |  |   |                             |                                  |  |
| · ~                                       | SHIPPI                    | NG INFORM  | ATION   |                             |                                  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS              | QUANTITY   | CONTAIN   | ER TYPE                     | MATERIAL DESCRIPTION             |  |
|   |                           |  |   |                             |                                  |  |
| •   | NON 1/HZ                  | 30 405   | BOX   | <i>;</i>                    | SCRAP WOOD                       |  |
|   |                           |  | ,   |                             |                                  |  |
|   | <del> </del>              | }  | <u> </u>  |                             |                                  |  |
|   |                           |  |   | <del></del>                 | <u> </u>                         |  |
|   |                           |  |   |                             |                                  |  |
|   |                           |  | ,   |                             | -                                |  |
|   | MATER                     | RIAL DISPOS  | SITION  |                             |                                  |  |
| □ RECLAMATION □ I                         | NCINERATION               | - LAN  | DFILL   | □ OTH                       | ER (Specify) DUNIP               |  |
| ADDITIONAL                                |                           | · · · · · ·  | <del></del>                                     | <del> ·</del>               |                                  |  |
| INFORMATION:                              |                           |  |   |                             | •                                |  |
|   |                           |  | · · · · · · · · · · · · · · · · · ·             |                             |                                  |  |
|   |                           | ERTIFICATIO  |   |                             |                                  |  |
| 1   |                           |  |   |                             | E NO                             |  |
| ADDRESS                                   |                           |  | ST/   | ATE I.D. NO.                | LDCD.                            |  |
| CITY                                      |                           |  |   |                             |                                  |  |
| This is to certify that the above named r |                           |  |   |                             |                                  |  |
| transportation according to the applica   | ble regulations of the De | epartment of Tra   | ansportation                                    |                             | Keep gold copy for your records. |  |
| Signature Lair                            | Print N                   | Name WHY   | NE li   | ATSOK                       | Phone 455-6391                   |  |
| TRANSPORTER                               |                           |  |   | ATION NO.                   | ·                                |  |
| COMPANY                                   | 77/                       |  |   |                             | DE                               |  |
| ADDRESS                                   | 16                        |  |   |                             |                                  |  |
| CITY                                      | STATE                     |  |   |                             | PHONE                            |  |
| This is to certify acceptance of the abo  | •                         |  |   |                             |                                  |  |
| Signature                                 | Print N                   | Name   |   | <del></del>                 | Date Received                    |  |
| TREATMENT/DISPOSAL FACILITY               | TON OUDIN                 | منة  |   |                             | E NO                             |  |
| COMPANY SOLITI                            | I IVIV DAINT              |  |   |                             |                                  |  |
| CITY 2/1 Y 70/V                           | STATE O                   | 410  |   |                             | PHONE                            |  |
| This is to certify completion of treatmer |                           | or disposal in co  |   |                             |                                  |  |
| your records. Forward white copy to       | =                         | •  |   |                             |                                  |  |
| Signature                                 | Print N                   | Name   |   | ersen er er er er<br>Grænde | Date                             |  |
|   | +4 <sup>17</sup>          |  | er i Arriva i i i i i i i i i i i i i i i i i i | A Section 1                 |                                  |  |



| Al | N. |  |      |
|----|----|--|------|
| N  | U. |  | 3171 |

| EMERGENCY INFORMATION                        |                    |                                       |                     | SCAL         | E INFORMAT         | ION  |
|--|--------------------|---------------------------------------|---------------------|--------------|--------------------|--|
| IMMEDIATE RESPONSE INFO                      | RMATION            |                                       |                     | -ر لد        |                    |  |
|  |                    |                                       |                     | #5           |                    |  |
|  | WW                 | HAZ                                   |                     |              |                    |  |
|  |                    |                                       |                     | NET          | WT                 |  |
|  | <del>/_</del>      | 1 2 -                                 |                     |              |                    |  |
| IN CASE OF EMERGENCY, NO                     | DTIFY: LA Million  | CAL ST                                | C>                  | TRAI         | LER NO. TF         | ACTOR NO.  |
|  |                    |                                       |                     |              |                    |  |
| c.~.   | SHIPPI             | ING INFORM                            | ATION               | <del></del>  |                    | - <del></del>  |
| D.O.T. SHIPPING DESCRIPTION                  | HAZARD CLASS       | QUANTITY                              | CONTAIN             | IER TYPE     | MATERIAL (         | DESCRIPTION  |
| Borr or in 1 in G Beson in Front             | TIAZAND OLAGO      | QUARTIT                               | I CONTAIN           | · E          | WATERIAL I         | DECOMM MON   |
|  | NON HAZ            | 30 YOS                                | 1200                | /            | SCRAP              | 12000  |
|  | 1010 1112          | 30 105                                | 1.00                |              | 35////             | <u>usus</u>  |
|  |                    |                                       |                     |              |                    |  |
|  |                    | ·                                     |                     |              |                    | <u> </u>   |
|  |                    | <b>,</b>                              | ı                   |              | ,                  |  |
|  |                    |                                       |                     |              |                    |  |
| <u> </u>                                     | MATE               | RIAL DISPOS                           | SITION              | ·····        |                    | <del></del>  |
| DECLAMATION D                                | <del></del>        | □ LAN                                 | <del></del>         |              | ER (Specify) _     | Dunio  |
| <del></del>                                  | NCINERATION        | U LAIN                                | DFILL               | noin         | ER (Specify) _     | <u> Durin</u>  |
| ADDITIONAL                                   | •                  |                                       |                     |              |                    |  |
| INFORMATION:                                 | <u>-</u>           |                                       | <del></del>         | <del></del>  | <del> </del>       | <del> </del>   |
|  | CI                 | ERTIFICATION                          | )N                  | <del></del>  | <del></del>        | <del></del>  |
| GENERATOR DATE S                             |                    |                                       |                     | ATION COD    | E NO               | <del></del>  |
| COMPANY NAME                                 |                    |                                       | ST                  | ATE I.D. NO. |                    |  |
| ADDRESS                                      |                    |                                       | PU                  | RCHASE OR    | DER                |  |
| CITY   | STATE              | · · · · · · · · · · · · · · · · · · · |                     | ZIP          | PHONE              |  |
| This is to certify that the above named i    |                    |                                       |                     |              |                    |  |
| transportation according to the applica      | 1                  | . 1 )                                 |                     | 1            | . Keep gold copy   | for your records.  |
| Signature Alle                               | 16 Lesso - Print 1 | Name W//                              | NE L                | DATSO        | W Phone 4          | 155-6391   |
| TRANSPORTER                                  |                    | EP                                    | A IDENTIFIC         | ATION NO.    | <del></del>        | · · · · · · · · · · · · · · · · · · ·  |
| COMPANY                                      | 11                 | _                                     |                     | *            | DE                 |  |
| ADDRESS                                      | /F                 |                                       |                     |              |                    |  |
| This is to certify acceptance of the abo     | STATE              |                                       |                     |              | PHONE              |  |
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| Signature                                    |                    | Name                                  |                     |              | Date Rec           |  |
| TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DA | AYTON DUMA         | _                                     |                     |              | E NO               |  |
|  | TITO DUM           |                                       |                     |              |                    |  |
| CITY DAYTON                                  | STATE              | DHIO                                  | JO                  | ь NO<br>7IP  | PHONE              |  |
| This is to certify completion of treatmen    |                    | or disposal in co                     | mpliance wit        | h appropriat | e regulations. Kee | p canary copy for  |
| your records. Forward white copy to          |                    |                                       |                     |              |                    | and the second of the second o |
| Signature                                    |                    |                                       |                     |              |                    | Secretary of the second secretary and the second  |
| April 18 Abrah 1 Mark Calabaga 1             |                    |                                       | r Talif (Talifable) |              |                    | ·····································  |



| EMERGENCY INFORMATION                    |                          |  |   | SCALE INFORMATION  |                                       |  |
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| D.O.T. SHIPPING DESCRIPTION              | HAZARD CLASS             | QUANTITY   | CONTAIN                                       | NER TYPE   | MATERIAL DESCRIPTION                  |  |
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| Signature ( Mign ( 12)                   | Print                    | Name WH  | INE L   | DATSU  | Phone 455-639/                        |  |
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| COMPANY                                  | AAC                      |  | •   |  | DE                                    |  |
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| This is to certify acceptance of the abo | ove materials for shipme |  |   |  |                                       |  |
| Signature                                | Print                    | Name   | <del></del>                                   | <del></del>  | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY COMPANY      | MYTON DU                 | mp EP  |   |  | E NO                                  |  |
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| your records. Forward white copy to      | generator. Processing    | of your invoice  | will begin u                                  | pon receipt  | of signed copy of this manifest.      |  |
| Signature                                | Print                    | Name   |   |  | Date                                  |  |
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| ADDITIONAL<br>INFORMATION:   |  | ERTIFICATIO  |  |  |  |  |   |
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| transportation according to the applica  | ble regulations of the D                                      | epartment of Tra                             | insportation and the EPA   | 2/2/2011   |
| Signature  | Print l   | Name ———                                     |  | Phone 73 > C   |
| TRANSPORTER  |   | EP/  | A IDENTIFICATION NO.   |  |
| COMPANY  |   |  | STATE I.D. CO  | DE   |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY   | CONTAINER TY   | PF MATERI  | AL DESCRIPTION  |
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| CITY WAY   | STATE STATE  | 2410   | -ZIP 🨙   | 5/1/PHO  | ONE   |
| This is to certify that the above named n  | materials are properly cla   | ssified, describe  | ed, packaged, marked   | l and labeled, and a   | re in proper condition for  |
| transportation according to the applica  |  |  |  |  | 4、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1   |
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| your records (Forward White copy)  | o generator               |                                 |  | will begin t   | pon receipt  |  | il.               |
| Signature  |                           | Print t                         | vame   | Marie (Charles)  |  | Dale   | STATE OF          |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 182

| EMERGENCY INFORMATION  |  |   |  | SCA                          | LE INFORMATION   |
|--|--|---|--|------------------------------|--|
| IMMEDIATE RESPONSE INFO  | RMATION  |   | . 6  | #5                           | en en en gran en vez warg en en argin magnete.<br>De envere gran en vez warg en en en argin magnete.   |
|  | 1361   | 1107  |  |                              |  |
|  | NON  | HAZ   |  |                              | <u>.</u>   |
|  | /.>  | ()  |  | NET                          | WT   |
| IN CASE OF EMERGENCY, NO   | OTIFY: La May  | Colido  | )  | TRAI                         | LER NO. TRACTOR NO.  |
|  |  |   |  |                              |  |
|  | SHIPP  | ING INFORM                                      | IATION                                       |                              |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY  | CONTAINE                                     | R TYPE                       | MATERIAL DESCRIPTION   |
| The first of the second of the |  | /   | 000  | ·<br>,                       |  |
|  | NON HAZ  | 30 YOS  | 130X   |                              | SCRAP WOOD   |
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|  | MATE   | RIAL DISPO                                      | SITION                                       |                              |  |
|  | A CARLON AND AND AND A STORY AND A   |   | *** 1 141 14                                 | DOTU                         | FR (Caralles DII MP)   |
|  | INCINERATION   | LAN   | UFILL  | ПОІН                         | ER (Specify) <i>DUMP</i>   |
| ADDITIONAL   |  |   |  |                              |  |
| INFORMATION:   |  | . Tener Diller                                  |  |                              |  |
|  | C  | ERTIFICATIO                                     | NC   |                              |  |
| GENERATOR DATE   | SHIPPED 5-19   | -92 EP  | A IDENTIFICA                                 | TION COD                     | E NO.  |
| COMPANY NAME   |  | er e santa anti-                                | STA  | and the second second        | · ""是"我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个  |
| ADDRESS  |  | garagaga (j. 1906) da Aria<br>Nagaragaga        | PUR  | CHASE OF                     | IDER   |
| CITY This is to certify that the above named   | STATE  |   | Z  | (P                           | DERPHONE   |
| transportation according to the applications   | The full on the real that have a few to the contract of the co |   |  | . 11.                        | 1  |
|  | Print I  |   |  |                              |  |
| A CONTRACTOR OF THE PROPERTY O |  |   |  |                              |  |
| TRANSPORTER &  |  |   | A IDENTIFICA                                 | TE I.D. COI                  |  |
| ADDRESS AV   | 17/  |   |  | I.D. NO                      | าง โดย การ ได้ ก็เมืองการที่สูง เป็นเดืองการที่ เป็น เดืองการที่ เป็น เดืองการที่ เป็น เดืองการที่ เป็น เดืองก   |
| CITY 3///  | C STATE  | FA12  | Z  |                              | PHONE  |
| This is to certify acceptance of the abo   | ove materials for shipme   | nt. Keep pink co                                | opy for your re                              | cords. App                   | ropriate placards were offered.  |
| Signature  | Print l  | Name  |  |                              | Date Received  |
| TREATMENT/DISPOSAL FACILITY  |  | ΈP  | A IDENTIFICA                                 | TION COD                     | E NO   |
| COMPANY SOUTH DAY  | TON DUPP   |   |  | TE I.D. NO.                  | <ul><li>(4) というとうします。その、これはまたもののでは19位</li></ul>  |
| ADDRESS  |  | HIX   | JOB  | NO                           | the state of the s |
| CITY ///Y/ // Value  | DECEMBER OF CONTRACT OF THE PARTY OF   | <u> 111.0                                  </u> | والإرتباع والمرابط فالمراث والمستناح فاستناب | and the second of the second | PHONE  |
| This is to certify completion of treatme   |  |   |  |                              |  |
|  |  |   |  | 1000                         |  |
| Signature:   | Pini   | Name :  |  | NECES OF A                   | Date   |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1/87

| <b>EMERGENCY INFORMATION</b>  |                         |   |   | SCAL         | LE INFORMATION                        |
|---|-------------------------|---|---|--------------|---------------------------------------|
| IMMEDIATE RESPONSE INFO   | RMATION                 | <del></del>   |   | 1/           |                                       |
|   |                         |   |   | #5           | Programme of the state of             |
|   | NON                     | ) And   |   |              |                                       |
|   |                         | <u> </u>  |   | NET          | WΤ                                    |
|   |                         | <del>-/</del>   |   |              |                                       |
| IN CASE OF EMERGENCY, NO  | DTIFY: LA AUGA          | A STATE   | <u> </u>  | IHAI         | LER NO. TRACTOR NO.                   |
| <del></del>   |                         | <del></del>   |   |              |                                       |
|   | SHIPP                   | ING INFORM  | IATION  |              |                                       |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS            | QUANTITY  | CONTAIN   | ER TYPE      | MATERIAL DESCRIPTION                  |
| <u>- 1                                   </u>   | 1.13.3                  | 2 (22   | 23.   | ,            | 00010 0000                            |
|   | NON HAZ                 | 30 Y/S  | 130 X   | <u></u>      | SCRAP WOOD                            |
|   |                         |   |   |              |                                       |
|   |                         |   |   |              |                                       |
|   | 16                      |   |   |              |                                       |
|   |                         |   |   |              |                                       |
|   |                         |   |   |              |                                       |
|   | MATE                    | RIAL DISPOS   | SITION  |              |                                       |
| □ RECLAMATION □ □ □   | NCINERATION             | □ LAN   | DFILL   |              | ER (Specify)                          |
| ADDITIONAL<br>INFORMATION:  | MAX.                    |   |   |              |                                       |
|   |                         | ERTIFICATION  | )M  |              |                                       |
| OF MEDITOR OF THE STATE OF THE | SHIPPED 5               |   |   | ATION COD    |                                       |
| GENERATOR DATE : COMPANY NAME   | SHIPPEU                 |   | A IDENTIFIC   | ATION COD    | E NU.                                 |
| ADDRESS   |                         |   | PH  | CHASE OR     | DFR                                   |
| CITY  | STATE                   |   |   | ZIP          | PHONE                                 |
| This is to certify that the above named   |                         | ssified, describe   | d, packaged,  | marked and l | labeled, and are in proper condition  |
| transportation according to the applica   |                         |   | ansportation  | and the EPA. | Keep gold copy for your record        |
| Signature Dayne (I.C.   | (ar) Print I            | Name DAY  | NE /  | )ATISCA      | Phone 455-639/                        |
| TRANSPORTER   |                         | EP  | A IDENTIFIC   | ATION NO     |                                       |
| COMPANY   |                         |   | 推动员 独动打造 主寶   | TE I.D. COL  |                                       |
| ADDRESS   |                         | 7-  |   | 3 I.D. NO    |                                       |
| CITY  | STATE STATE             |   |   | ZIP          | PHONE                                 |
| This is to certify acceptance of the abo  | ye materials for shipme | nt. Keep pink co  | py for your r   | ecords. Appr | opriate placards were offered.        |
| Signature   | Print I                 | Name  |   | N.           | Date Received                         |
| TREATMENT/DISPOSAL FACILITY   |                         | FP  | A IDENTIFIC   | ATION COD    | E NO.                                 |
| COMPANY SOUTH DAY   | TW DUM                  |   | 也也不会是否。由籍的  | TE I.D. NO.  | · · · · · · · · · · · · · · · · · · · |
| ADDRESS   |                         | 10000   | A SECTION AND ASSESSMENT  | 3 NO         |                                       |
| cm <i>[]///777/2</i>  | STATE Q                 | ・・・・ エニ・オー・イン・コー・コー・オー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー | The second second second  | ZIP          | PHONE                                 |
| This is to certify completion of treatmen   |                         |   |   |              |                                       |
| your records. Forward white copy o  | generator. Processing   | of vour involce   | will begin u  | pon receipt  | of signed copy of this manifest.      |
| Signature   | Serior                  | (апте и ве  | NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, |              | Date Date                             |
| 以此一种,他们也是这种的。<br>1000年,他们也是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个   | ede a sussidiff         |   | <b>计算完全的</b> 设  |              | enace virusity in                     |



# **ENVIRONMENTAL MANIFEST**

□ HAZARDOUS BNON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL NO. 1/1917

| INTERPOLITATE RESPUNISE INTER  | PMATION  |   |  | JUA   | E INFORMATION  |
|--|--|---|--|---|--|
| IMMEDIATE RESPONSE INFO  | HMATION  |   |  | #5  |  |
|  | NON  | HAZ   |  |   |  |
|  | 1401-  |   |  | NET   | WT   |
| IN CASE OF EMERGENCY, NO   | OTIFY  |   |  | •   | LER NO. TRACTOR N  |
|  |  |   |  | , , , , ,   |  |
|  | 011122   | NO INFORM                                       | ATION  |   |  |
|  | ना प्रदेशक के के के जा क   | ING INFORM                                      | The water than   | <del></del>   |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY  | CONTAINE   | R TYPE  | MATERIAL DESCRIPTION   |
|  | NON HAZ  | 30 V05  | BOY  |   | SCRAP WOOD   |
|  | 10010 11112  | 100   |  | u ina<br>Galariana  |  |
|  |  |   | FOREST CONTRACTOR  |   |  |
|  | · [] 在在1965年   1965年   1965年 |   |  |   |  |
|  |  |   | THE RESERVED AND ADDRESS.  | gradie Te<br>Van ei   |  |
|  | MATE   | RIAL DISPOS                                     | NOITI  |   |  |
| □ RECLAMATION □  | Andrew Commencer (Commencer)   | D LAN   | CENTER TO STATE  |   |  |
| ADDITIONAL   | INCINERATION   |   |  |   | ER (Specify)   |
| INFORMATION:   |  | ERTIFICATION                                    | N  |   |  |
| 。在1980年度期的發展的自然的問題。在1980年日期間的自然的問題。不過過過  | ta (2.2025) i i i i i i i i i i i i i i i i i i i  | ENTIFICATION                                    | The Residence of the Section 1999  |   |  |
| GENERATOR DATE   | SHIPPED 5  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1           | 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | ION COD   | E NO.  |
| and the latter of the final part of the first term of the first te | SHIPPED 5  | 27-92- EP                                       | A IDENTIFICAT  |   |  |
| COMPANY NAME   | SHIPPED  | 2 <i>7-92</i> - ep                              | A IDENTIFICAT STAT   | E I.D. NO.<br>HASE OR   | DER  |
| COMPANY NAME ADDRESS CITY This is to certify that the above named  | SHIPPED STATE  materials are properly cla  | 27-92 EP  | A IDENTIFICAT<br>STAT<br>PURC<br>ZII<br>d. packaged, ma  | E I.D. NO.<br>HASE OR<br>P_<br>arked and I  | DERPHONEabeled, and are in proper condi  |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic   | SHIPPED  STATE  materials are properly cla able regulations of the D   | 27-92 EP  | A IDENTIFICAT STAT PURC ZII d, packaged, mansportation an  | E I.D. NO. HASE OR arked and I d the EPA  | DER PHONE abeled, and are in proper condi  |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature August | SHIPPED  STATE  materials are properly cla able regulations of the D   | SSIFIED, describe epartment of Tr.              | A IDENTIFICATE STATE PURCE ZIII d., packaged, mansportation and ANE LOOK   | E I.D. NO.<br>CHASE OR<br>Parked and I<br>d the EPA   | DERPHONEabeled, and are in proper condition Keep gold copy for your recombined to the phone #53-639  |
| COMPANY NAME  ADDRESS  CITY  This is to certify that the above named transportation according to the applic Signature  TRANSPORTER   | SHIPPED  STATE  materials are properly cla able regulations of the D   | SSIFIED, describe epartment of Tr.              | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation and the state of the sta | E I.D. NO. CHASE OR Arked and I d the EPA   | DERPHONEabeled, and are in proper condition of the condition o             |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature August | SHIPPED  STATE  materials are properly cla able regulations of the D   | Ssified, describe epartment of Tr.              | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation and the state of the sta | E I.D. NO. HASE OR  arked and I d the EPA  7750/ ION NO. E I.D. COL   | DER PHONE abeled, and are in proper condition Keep gold copy for your rec Phone 453-639  |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature TRANSPORTER COMPANY ADDRESS CITY  | STATE  | EP-92 : EP-                                     | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation and ALE STATE STATE ZIII ZIII ZIII ZIII ZIII ZIII ZIII ZI   | E I.D. NO. HASE OR The street of the EPA TON NO. E I.D. COL   | DER PHONE abeled, and are in proper condi Keep gold copy for your rec Phone DE   |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature TRANSPORTER COMPANY ADDRESS CITY This is to certify acceptance of the above named transportation according to the above named transportation according to the above named transportation acceptance of the above named transportation according to the above named transportation acceptance of the above named transportation according to the application acceptance of the above named transportation according to the application acceptance of the above named transportation according to the application acceptance of the above named transportation acceptance of the acceptance of th | STATE  | EP-92 : EP-                                     | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation and ALE STATE STATE ZIII ZIII ZIII ZIII ZIII ZIII ZIII ZI   | E I.D. NO. HASE OR The street of the EPA TON NO. E I.D. COL   | DER PHONE abeled, and are in proper condition Keep gold copy for your rec Phone  Phone PHONE  phone phone  |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature  TRANSPORTER COMPANY ADDRESS CITY This is to certify acceptance of the above named transportation according to the application of the above named transportation acceptance of the application acceptance of the above named transportation acceptance of the application acceptance of the application acceptance of the acceptance of the above named transportation acceptance of the application acceptance of the application acceptance of the  | STATE materials are properly cla able regulations of the D Print I  STATE Print I  Print I   | ssified, describe epartment of Trivame EP       | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation and ALE STATE STATE ZIII ZIII ZIII ZIII ZIII ZIII ZIII ZI   | E I.D. NO. HASE OR The street of the EPA TON NO. E I.D. COL   | DER PHONE abeled, and are in proper condi Keep gold copy for your rec Phone DE   |
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| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature TRANSPORTER COMPANY ADDRESS CITY This is to certify acceptance of the absignature TREATMENT/DISPOSAL FACILITY COMPANY SOUTH   | STATE materials are properly cla able regulations of the D Print I  STATE Print I  Print I   | ssified, describe epartment of Trivame EP       | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation an A IDENTIFICATE ZIII py for your recurrence at IDENTIFICATE ZIII A IDENTIFICATE STATE ZIII A IDENTIFICATE STATE ZIIII   | E I.D. NO. HASE OR Arked and d the EPA TON NO. E I.D. COL Ords: Appr TON COD E I.D. NO.   | DER PHONE abeled, and are in proper condit Keep gold copy for your rec Phone  Phone  PHONE  opriate placards were offered.  Date Received  E NO.   |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature  TRANSPORTER COMPANY ADDRESS CITY TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY COMPANY  | STATE  | ssified, describe epartment of Trans LATER      | A IDENTIFICATE STATE PURCE ZIII DENTIFICATE ZIII ZIII ZIII ZIII ZIII ZIII ZIII ZI  | E I.D. NO. HASE OR Parked and I d the EPA. 7750/ ION NO. E I.D. COL Ords: Approved the Approved | DER PHONE abeled, and are in proper condit Keep gold copy for your rec Phone Phone  PHONE Opriate placards were offered Date Received E NO.  |
| COMPANY NAME  ADDRESS CITY  This is to certify that the above named transportation according to the applic Signature  TRANSPORTER  COMPANY  ADDRESS CITY  TREATMENT/DISPOSAL FACILITY COMPANY  ADDRESS CITY  TREATMENT/DISPOSAL FACILITY COMPANY  ADDRESS CITY  This is to certify completion of treatme   | STATE  | ssified, describe epartment of Transport Ame EP | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation an A IDENTIFICATE ZIII py for your recurrence STATE ZIII A IDENTIFICATE ZIII A IDENTIFICATE STATE ZIII A IDENTIFICATE ZIII A IDENTIFICATE ZIIII A IDENTIFICATE ZIIII  | E I.D. NO. HASE OR Arked and d the EPA OTSO ION NO. E I.D. COL OTS Appr ION COD E I.D. NO. NO. Appropriate  | DER PHONE abeled, and are in proper condit Keep gold copy for your rec Phone  PHONE  opriate placards were offered  Date Received  E NO.  PHONE  PHONE  PHONE  PHONE  PROPE  PROP |
| COMPANY NAME ADDRESS CITY This is to certify that the above named transportation according to the applic Signature  TRANSPORTER COMPANY ADDRESS CITY TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY COMPANY  | STATE  | assified, describe epartment of Trans Land EP   | A IDENTIFICATE STATE PURCE ZIII d. packaged, mansportation an A IDENTIFICATE ZIII py for your recurrence STATE ZIII A IDENTIFICATE ZIII A IDENTIFICATE STATE ZIII A IDENTIFICATE ZIII A IDENTIFICATE ZIIII A IDENTIFICATE ZIIII  | E I.D. NO. HASE OR Arked and d the EPA OTSO ION NO. E I.D. COL OTS Appr ION COD E I.D. NO. NO. Appropriate  | DER PHONE abeled, and are in proper condit Keep gold copy for your rec Phone  PHONE  opriate placards were offered  Date Received  E NO.  PHONE  PHONE  PHONE  PHONE  PROPE  PROP |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

NO.

| EMERGENCY INFORMATION   |  |  |                              | SCALE INFORMATION  |  |  |
|---|--|--|------------------------------|--|--|--|
| IMMEDIATE RESPONSE INFORMATION  |  |  |                              |  |  |  |
| NAN HAZ   |  |  |                              |  |  |  |
|   |  |  |                              | WT   |  |  |
| IN CASE OF EMERGENCY, NO  | OTIFY: Alyn  | ( Jakso  | TRA                          | ILER NO. TRACTOR NO.   |  |  |
|   |  |  |                              | 1  |  |  |
| • •   | ,~ SHIPPING INFORMATION  |  |                              |  |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS   | QUANTITY   | CONTAINER TYPE               | MATERIAL DESCRIPTION   |  |  |
|   | NON HAZ  | 30 Yes   | BOX                          | SCRAP WOOD   |  |  |
|   |  | le se  |                              |  |  |  |
|   |  |  |                              |  |  |  |
|   |  |  |                              |  |  |  |
|   |  |  |                              |  |  |  |
|   | MATE   | RIAL DISPOS  | SITION                       |  |  |  |
| □ RECLAMATION □ I   | NCINERATION  | □ LAN  | DFILL DOTH                   | IER (Specify) DUMP   |  |  |
| ADDITIONAL<br>INFORMATION:  |  | ERTIFICATIO  | )N                           |  |  |  |
| GENERATOR DATE S  | SHIPPED 5-29   | <del></del>  | A IDENTIFICATION COL         | DE NO.   |  |  |
| COMPANY NAME  |  |  | STATE I.D. NO                |  |  |  |
| ADDRESS   | STATE  |  | PURCHASE OF                  |  |  |  |
| This is to certify that the above named r   | the state of the s | •  | ZIP                          | "我们们的我们们的,我们就是一个大多数的。""我们们是我们的。""我们们是我们们的  |  |  |
| transportation according to the applica   | ble regulations of the D   | The second of th | ansportation and the EPA     |  |  |  |
| TRANSPORTER   |  |  | A IDENTIFICATION NO.         |  |  |  |
| COMPANY   |  |  | STATE I.D. CO                |  |  |  |
| ADDRESS CITY  | 07475  |  | JOB I.D. NO<br>ZIP           | The control of the co |  |  |
| This is to certify acceptance of the abo  | STATE<br>ove materials for shipme  | nt. Keep pink co   |                              | PHONE  |  |  |
| Signature   | Print I  |  |                              | Date Received  |  |  |
| TREATMENTADISPOSAL FACILITY   |  |  | A IDENTIFICATION COL         | DE NO.   |  |  |
| COMPANY SOUTH DAY 17  | ON DUMP  |  | STATE I.D. NO                |  |  |  |
| ADDRESS (A)   |  | 410  | JOB NO                       |  |  |  |
| CITY /// / / / / / / / / / / / / / / / / /  | STATE C  | The second section is a second |                              | PHONE te regulations. Keep capacy copy for   |  |  |
| your records. Forward white copy to<br>Signature  | generator. Processing  | of your invoice  | will begin upon receip       | t of signed copy of this manifest.   |  |  |
| PART OF THE PARTY | 的企業不均分的計畫的基礎   | は、大学の大学の大学の一年 日本   | ne nagrija da dijengan pina. |  |  |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □

| <b>EMERGENCY INFORMATION</b>   |                   |                          |                                      |               | SCA               | E INFORMATION  |
|--|-------------------|--------------------------|--------------------------------------|---------------|-------------------|--|
| IMMEDIATE RESPONSE INFO  | RMATION           |                          |                                      |               |                   |  |
| 3  |                   | <del></del>              | <del></del>                          |               | 7/5               | •  |
| y .  |                   | NON                      | I HAZ                                | -             |                   |  |
| 700,0  |                   |                          |                                      |               |                   |  |
|  |                   |                          |                                      |               |                   | WT   |
| IN CASE OF EMERGENCY, N  | OTIFY:            | XUGn                     | elitik                               | 207-          | TRAI              | LER NO. TRACTOR NO.  |
|  |                   |                          | <u> </u>                             |               |                   |  |
|  |                   | CHIRDI                   | NG INFORM                            | ATION         | <del></del>       | <del></del>  |
|  | <del></del>       | SHIPPI                   | ING INFORM                           | ATION         | ·                 | <del></del>  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARE            | CLASS                    | QUANTITY                             | CONTAIN       | IER TYPE          | MATERIAL DESCRIPTION   |
|  | NON               | HAZ                      | 30 YOS                               | BOX           |                   | SCRAP WOOD   |
|  |                   |                          |                                      |               |                   |  |
|  |                   |                          |                                      | -             |                   |  |
|  |                   | <del> </del>             |                                      | <del></del>   | <del></del>       |  |
|  | <del> </del>      |                          | 31.0                                 |               |                   |  |
|  |                   | ·                        |                                      |               |                   |  |
|  |                   | MATE                     | RIAL DISPOS                          | SITION        |                   |  |
| □ RECLAMATION □  | INCINERAT         | TION                     | □ LAN                                | DFILL         | □ OTH             | ER (Specify) DUMP  |
| ADDITIONAL<br>INFORMATION:   |                   |                          |                                      |               |                   |  |
|  | Arte de           |                          | ERTIFICATIO                          |               |                   |  |
|  |                   | 6-2-                     | 92 EP                                |               |                   |  |
| COMPANY NAME   |                   | <del></del>              |                                      | ST/           |                   |  |
| ADDRESS  |                   | TATE                     |                                      | PUI           | RCHASE OR         | DER  |
| This is to certify that the above named  | materials are n   | roperly cla              | esified describe                     | d nackaged    | marked and        | sheled and are in proper condition for   |
| transportation according to the applic   |                   |                          |                                      |               |                   |  |
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| CITY   | 11/6 s            | TATE                     |                                      |               | ZIP               | PHONE  |
| This is to certify acceptance of the ab  | ove materials (   | or shipme                | nt. Keep pink co                     | py for your r | ecords. App       | opriate placards were offered.   |
| Signature  |                   | Print I                  | Name                                 |               |                   | Date Received  |
| TREATMENT/DISPOSAL FACILITY  |                   |                          | FP                                   | A IDENTIFIC   | ATION COD         | E NO   |
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| This is to certify completion of treatme   |                   |                          |                                      |               |                   |  |
| your records. Forward white copy t   | o generator. P    | rocessing                | of your invoice                      | will begin u  | pon receipt       | of signed copy of this manifest.   |
| Signature  |                   | Print I                  | Vame                                 |               |                   | Date   |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY                  | CONTAIN             | ER TYPE                   | MATERIAL DESCRIPTION                                 |
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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| REATMENT/DISPOSAL FACILITY  | V7711                              | Olla           | 10 EP  | A IDENTIFIC                  |               |  |
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| B,O.T. SHIPPING DESCRIPTION               | HAZARD CLASS   | QUANTITY   | CONTAINER '            | TYPE                              | MATERIAL DESCRIPTI   | ION                  |  |  |
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| transportation according to the applica   | ble regulations of the D   | epartment of Tr                                  | ansportation and t     |                                   | . Keep gold copy for your re   | cords.               |  |  |
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| TREATMENT/DISPOSAL FACILITY               | TALL AUM   | EP   | A IDENTIFICATIO        | N COD                             | E NO.  |                      |  |  |
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| IN CASE OF EMERGENCY, NO   | TIFY: Le Dayne            | 1 miles                 | <u></u>                        | TRAI                      | LER NO. TRACTOR NO.  |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS              | QUANTITY                | CONTAIN                        | NER TYPE                  | MATERIAL DESCRIPTION   |
|  | NON HAZ                   | 30 Y/25                 | BOX                            |                           | CONCRETE + DIRT  |
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| COMPANY NAME   |                           |                         | PU                             | ATE I.D. NO.<br>RCHASE OR | DER  |
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| This is to certify that the above named netransportation according to the application signature.   | ble regulations of the D  |                         | nsportation                    | and the EPA               | Keep gold copy for your records.   |
| TRANSPORTER  |                           | <b>E</b> P              | A IDENTIFIC                    | ATION NO.                 |  |
| COMPANY ADDRESS  | ME                        |                         |                                | ATE I.D. COD<br>B I.D. NO | DE   |
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| Signature  | Print N                   | Name                    |                                |                           | Date Received  |
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| D:O.T. SHIPPING DESCRIPTION   | HAZARD CLASS             | QUANTITY   | CONTAINER TYPE   | MATERIAL DESCRIPTION   |
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| transportation according to the applical  |                          |  |  | Keep gold copy for your records.   |
| Signature Lay Land  | Print N                  | lame (J)AY   | NE WATSO   | N Phone 455-639  |
| TRANSPORTER   |                          | EP   | A IDENTIFICATION NO.   |  |
| COMPANY   | 4                        |  | STATE I.D. COI   |  |
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| IN CASE OF EMERGENCY, NO   | N CASE OF EMERGENCY, NOTIFY (Co. Co.)  |                                  |  |  |                      | LER NO. TRACTOR NO.  |
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| D.O.T. SHIPPING DESCRIPTION  | HAZARI   | O CLASS                          | QUANTITY   | CONTAIN  | ER TYPE              | MATERIAL DESCRIPTION   |
|  | NON  | HAZ                              | 30 405   | BOX  | '                    | CONCRETE + DIRT  |
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|  |  |                                  | ERTIFICATIO  | •  |                      |  |
| GENERATOR DATE S   | HIPPED   | 6-6-                             | -92_EP   | A IDENTIFIC  | ATION COL            | ENO.   |
| COMPANY NAME   |  |                                  |  |  | TE I.D. NO.          |  |
| ADDRESS  | er<br>Germanisk og k   | TATE                             |  |  | RCHASE OF<br>ZIP     | IDERPHONE  |
| CITY  This is to certify that the above named n  |  |                                  | ssified describe   |  |                      | and the second s |
| transportation according to the applica  | in the second of the second  |                                  |  |  |                      |  |
| Signature Lague (La  | lon  | ** *                             | Name (A)A  | INE U  | DATSO                | ON Phone 455-639/  |
| TRANSPORTER  |  |                                  |  | A IDENTIFIC  | ATION NO             |  |
| COMPANY  | سسدمرر   |                                  |  | and the second of the second   | TE I.D. CO           |  |
| ADDRESS  |  |                                  |  | Later March 1997   | B I.D. NO            |  |
| CITY   | v s  | TATE                             |  |  | ZIP                  | PHONE  |
| This is to certify acceptance of the abo   | ve materials   | for shipme                       | nt. Keep pink co   | ppy for your r   | ecords. App          | ropriate placards were offered.  |
| Signature  |  | Print <b>!</b>                   | Name   |  |                      | Date Received  |
| TREATMENT/DISPOSAL FACILITY  |  |                                  | FP   | A IDENTIFIC  | ATION COD            | F NO.  |
| COMPANY SOUTH DI   | PYTON  | DUI                              | NP   | こさ ここち かんえい  | TE I.D. NO.          | [ و ها الأناف و مرد ما مدر معرف الرمان الموقي الترجي مدرسة أنك في العدم معارض من الراب الكراب المرك  |
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| your records. Forward white copy to  | generator.   | Processing                       | of your involc   | will begin u   | pon receipt          | of signed copy of this manifest.   |
| Signature  |  | Print P                          | Vame .   | THE VERY LAND  |                      | Date   |
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| EMERGENCY INFORMATION  |  |                   | <del></del> .  | SCAL                      | E INFORMAT  | ION   |
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| IMMEDIATE RESPONSE INFO  | RMATION  |                   |  |                           |   |   |
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|  | NON  | HAZ               |  | ĺ                         |   |   |
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| IN CASE OF EMERGENCY, NO   | TIFY:(Muys   | Missi             | <del>}-</del>  | IHAI                      | LER NO. TF  | RACTOR NO.  |
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| Ç  | SHIPPI   | NG INFORM         | IATION   |                           | : "   |   |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY          | CONTAIN  | NER TYPE                  | MATERIAL I  | DESCRIPTION   |
|  | NON HAZ  | 30 YOS            | BOX  | ,                         | SCRAP   | WOOD  |
|  |  |                   |  |                           |   |   |
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| □ RECLAMATION □ I  | NCINERATION  | □ LAN             | DFILL  | OTHE                      | R (Specify)                                       | DUMP  |
| ADDITIONAL INFORMATION:  |  |                   |  |                           |   |   |
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|  |  | ERTIFICATIO       |  |                           |   |   |
| GENERATOR DATE S   | SHIPPED  | -92 EP            |  | ATION COD<br>ATE I.D. NO. |   |   |
| COMPANY NAME   |  | <u> </u>          | SI   | RCHASE OR                 | DER   |   |
| CITY   | STATE  |                   | 833  | ZIP                       | PHONE   |   |
| This is to certify that the above named n  | naterials are properly cla   | ssified, describe | d, packaged,   | marked and I              | abeled, and are in                                | proper condition for  |
| transportation according to the applica  | ble regulations of the D   | epartment of Tr   | ansportation   | and the EPA.              | Keep gold copy                                    |   |
| Signature (1)  | 2600 Print f   | Name WAY          | NE U   | <i>IH 150</i> K           | Phone 2   | 55-6391   |
| TRANSPORTER  |  | EP                | A IDENTIFIC  | ATION NO.                 | · · · · · · · · · · · · · · · · · · ·             |   |
| COMPANY  |  |                   | ST   | ATE I.D. COL              | )E  |   |
| ADDRESS  |  |                   | JO   | B I.D. NO                 |   | िन्द्रोतेष्ठकुषी के अंतर्कार्यक्षी<br>जनकारिकार के अंतर्कार |
| CITY ///C  | STATE  |                   | Jan 1988 1988 1988   | ZIP                       | PHONE   |   |
| This is to certify acceptance of the abo   | ve materials for shipme  | nt. Keep pink co  | ppy for your i   | records. Appr             | opriate placards t                                | vere offered.   |
| Signature  | Print I  | Vame              | 在。可以使用的可<br>在在1984年中,在1987   |                           | Date Re   | ceived  |
| TREATMENT/DISPOSAL FACILITY  | \/ <del></del>   | A A A A EP        | A IDENTIFIC  | ATION COD                 | E NO  |   |
| COMPANY SOUTH UA   | YIUN BURGE   | JUMP              | ST.  | ATE I.D. NO.              | e <u>r er er</u> |   |
| ADDRESS  | a and the second of the second | 1117              | JO   | B NO                      |   | Signed to support   |
| CITY Z/// Y/ U/U   | STATE <b></b>  | MU                | The state of the s | ZIP.                      | PHONE   |   |
| This is to certify completion of treatmer your records. Forward white copy to  |  |                   | THE COLUMN THE THE PARTY OF  |                           | 7           | 2327 27 27 27 27 27 27 27 27 27 27 27 27 2                  |
|  |  |                   |  | poli receipt              |   | i uns maintest.   |
| Signature  | Print f  | Vame              | 120000   | MARKET STATE              | Date  |   |



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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| EMERGENCY INFORMATION                     | ······································ | <del></del>                                    | <del></del>  | SCA  | LE INFORMATION   |
|---|--|--|--|--|--|
| IMMEDIATE RESPONSE INFO                   | RMATION                                |  |  | 14   |  |
|   |  | <del></del>                                    | <del></del>  | #5   |  |
|   | NON                                    | HAZ  |  |  |  |
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|   | /                                      | 1) 1   |  |  |  |
| IN CASE OF EMERGENCY, NO                  | TIFY: Clyn                             | -1/2/20  | <u> </u>   | TRAI   | LER NO. TRACTOR NO.  |
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| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | SHIPPI                                 | ING INFORM                                     | ATION  | <u> </u>   |  |
| DO T CHIRDING DECODING                    | <del></del>                            |  | MATERIAL RECORDERSION  |  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                           | QUANTITY                                       | CONTAIN  | IER TYPE   | MATERIAL DESCRIPTION   |
|   | NON HAZ                                | 30 405   | ROX  |  | SCRAP WOOD   |
|   | 10010 11110                            | 1 12   | ~  | <del></del>  |  |
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|   | MATE                                   | RIAL DISPOS                                    | SITION   |  |  |
| D BEOLAMATION                             |  |  |  | S OTU  | FRIS PUMP  |
| □ RECLAMATION □ I                         | NCINERATION                            | □ LAN  | Drill  | потн   | ER (Specify) DUMP  |
| ADDITIONAL                                |  |  |  |  |  |
| INFORMATION:                              |  |  |  |  |  |
|   | G                                      | ERTIFICATIO                                    |  |  |  |
| GENERATOR DATE S                          |  |  |  | ATION COD  | E NO.  |
| COMPANY NAME                              | SHIPPEU                                |  | A STATE OF THE STA | ATE I.D. NO.   | rangan dan kacamatan dan k   |
| ADDRESS                                   |  |  | PI I   | BCHASE OR  | and the second of the second o |
| CITY                                      | STATE                                  | Carrier San Comment                            | * 1.5  | ZIP  | PHONE  |
| This is to certify that the above named r | naterials are properly cla             | ssified, describe                              | d, packaged,   | marked and   | labeled, and are in proper condition for   |
| transportation according to the applica   | ble regulations of the D               | epartment of Tr                                | nsportation  |  | . Keep gold copy for your records.   |
| Signature My Class                        | Print !                                | Name WAY                                       | IE W   | A 150N   | Phone 755.639/   |
| TRANSPORTER                               | t was die<br>Total ook ook ook die wa  |  | A IDENTIFIC  | ATION NO.  |  |
| COMPANY                                   |  |  | ST   | ATE I.D. COL   | DE .   |
| ADDRESS                                   | 7/6                                    |  | JO   | B I.D. NO  |  |
| CITY                                      | STATE                                  |  |  | ZIP  | PHONE  |
| This is to certify acceptance of the abo  | ve materials for shipme                | nt. Keep pink co                               | py for your i  | ecords. App  | ropriate placards were offered.  |
| Signature                                 | Print I                                | Vame   |  |  | Date Received  |
| TREATMENT/DISPOSAL FACILITY               |  | EP.  | A IDENTIFIC  | ATION COD  | E NO   |
| COMPANY SOUTH DAY                         | TOP DUMI                               | <i>o</i> ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` |  | ATE I.D. NO.   | · · · · · · · · · · · · · · · · · · ·  |
| ADDRESS                                   |  | // /   | and the second of the second   | B NO   |  |
| спу <i>ДД</i> У <i>1 О</i> О              | STATE 📿                                | 410  | STATEMENT OF THE LOSS  | Company of the Compan | PHONE  |
| This is to certify completion of treatmen |  |  |  |  |  |
| your records. Forward white copy to       | generator, Processing                  | of your invoice                                | will begin t   | pon receipt  | of signed copy of this manifest.   |
| Signature                                 |  | ند. Same                                       | See Blade Control of   |  | Date   |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

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| EMERGENCY INFORMATION   |  |                                       |               |               | E INFORMATION                       |  |  |
|---|--|---------------------------------------|---------------|---------------|-------------------------------------|--|--|
| IMMEDIATE RESPONSE INFO   | RMATION  |                                       |               | #5            |                                     |  |  |
| NON HAZ   |  |                                       |               |               |                                     |  |  |
|   | . / )  | ( )                                   | _             | NET           | WT                                  |  |  |
| IN CASE OF EMERGENCY, NO  | TIFY: Lingu  | Links                                 | <i>8</i> 2    | TRAI          | LER NO. TRACTOR NO.                 |  |  |
| **  | SHIPPI   | NG INFORM                             | IATION        |               |                                     |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS   | QUANTITY                              | CONTAIN       | IER TYPE      | MATERIAL DESCRIPTION                |  |  |
|   | NON HAZ  | 30 YOS                                | BOX           | <i>'</i>      | SCRAP WOOD                          |  |  |
|   |  |                                       |               |               |                                     |  |  |
|   |  |                                       |               |               |                                     |  |  |
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|   | MATE   | DIAL DISPOS                           | SITION        | <u> </u>      | ·                                   |  |  |
| □ RECLAMATION □ I   | RECLAMATION   INCINERATION   LANDFILL   OTHER (Specify)   OUNC |                                       |               |               |                                     |  |  |
| ADDITIONAL INFORMATION:   |  |                                       |               |               |                                     |  |  |
|   | CI   | RTIFICATIO                            | DN            | <del></del>   |                                     |  |  |
| GENERATOR DATE S  | SHIPPED  |                                       |               | ATION COD     | E NO                                |  |  |
| COMPANY NAME  |  |                                       | ST            | ATE ID NO     | v *.                                |  |  |
| ADDRESS   | ·  | · · · · · · · · · · · · · · · · · · · | PUI           | RCHASE OR     | DER                                 |  |  |
| CITY  | STATE  | <del></del>                           |               | ZIP           | PHONE                               |  |  |
| This is to certify that the above named retransportation according to the application applications of the | ble regulations of the De                                      | epartment of Tra                      | ansportation  | and the EPA   |                                     |  |  |
| TRANSPORTER   |  |                                       |               |               |                                     |  |  |
| COMPANY   |  |                                       |               |               | DE                                  |  |  |
| ADDRESS   | ME   |                                       |               |               |                                     |  |  |
| CITY  | STATE  |                                       |               | ZIP           | PHONE                               |  |  |
| This is to certify acceptance of the abo  | ve materials for shipmer                                       | nt. Keep pink co                      | py for your r | ecords. Appr  | opriate placards were offered.      |  |  |
| Signature   | Print N  | lame                                  | ···········   |               | Date Received                       |  |  |
| TREATMENT/DISPOSAL FACILITY   | AYTON DUN  | <b>リタ</b>                             |               |               | E NO                                |  |  |
| ADDRESS   |  |                                       |               |               |                                     |  |  |
| CITY DAYTON   | STATE <i>Q</i>   | 1110                                  |               | ZIP           | PHONE                               |  |  |
| This is to certify completion of treatmer   |  | or disposat in co                     | mpliance wit  | h appropriate | e regulations. Keep canary copy for |  |  |
| your records. Forward white copy to   | _  | =                                     | _             | •             |                                     |  |  |
| Signature   | Print N  | lame                                  |               |               | Date                                |  |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 229

| EMERGENCY INFORMATION   |                                       |                                       |  | SCA            | LE INFORMA     | ATION  |
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| IMMEDIATE RESPONSE INFO   | RMATION                               |                                       |  | #              |                |  |
|   | 4)3.                                  | 1/1-                                  |  | 75             |                | •  |
|   | NDN                                   | 1 1/1/2                               |  |                |                |  |
|   | <i>y</i>                              | · \ /~                                | :                                      | NET            | WT             | ·  |
| IN CASE OF EMERGENCY, NO  | TIEV! / Reduce                        | 11 / 1/3                              | <u></u> .                              | TRAI           | ILER NO        | TRACTOR NO.  |
| IN ONSE OF EMERGENCY, NO  | THE TAXABLE                           |                                       |  | 1              | LLITINO.       |  |
|   | · · · · · · · · · · · · · · · · · · · | <u> </u>                              |  |                |                |  |
| , ,   | SHIPPI                                | NG INFORM                             | IATION                                 | <del> </del>   | ·              |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS                          | QUANTITY                              | CONTAIN                                | NER TYPE       | MATERIA        | L DESCRIPTION  |
|   | NAD HAZ                               | 30 405                                | ROV                                    | /              | SCRAP          | WOOD   |
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|   | MATE                                  | RIAL DISPO                            | SITION                                 | <del></del>    |                |  |
| □ RECLAMATION □ I   | NCINERATION                           | □ LAN                                 | DFILL                                  | □ OTH          | ER (Specify)   | DUMP   |
| ADDITIONAL INFORMATION:   |                                       | <del></del>                           | ······································ | <del></del>    |                |  |
|   | C                                     | ERTIFICATIO                           | ON                                     |                | <u> </u>       |  |
| GENERATOR DATES   | SHIPPED                               | -92 EP                                | A IDENTIFIC                            | ATION COD      | E NO           |  |
| COMPANY NAME  |                                       | · · · · · · · · · · · · · · · · · · · | ST                                     | ATE I.D. NO.   |                | <del></del>  |
| ADDRESS   | <u> </u>                              | <del></del>                           | PU                                     | RCHASE OF      | RDER           |  |
| CITY  | STATE                                 |                                       | <del></del>                            | ZIP            | PHON           | IE   |
| This is to certify that the above named retransportation according to the application | ble regulations of the D              |                                       | ansportation                           | and the EPA    | . Keep gold co | ; .  |
| Signature fleffu (18  | Print I                               |                                       |  |                |                |  |
| TRANSPORTER (   |                                       |                                       |  |                |                | <del> </del>   |
| ADDRESS   | 1,-                                   | · · · · · · · · · · · · · · · · · · · |  |                |                | ·  |
| CITY  | STATE                                 |                                       |  |                |                | IE   |
| This is to certify acceptance of the abo  | _                                     |                                       |  |                |                |  |
| Signature   |                                       | Name                                  |  |                |                | •  |
| TREATMENT/DISPOSAL FACILITY   | 1                                     |                                       |  |                |                |  |
| COMPANY SOUTH DE  | 9470N OUM                             |                                       |  |                |                |  |
| ADDRESS   |                                       | 1/17                                  |  |                |                |  |
| CITY CHYTON   | STATE ${\cal O}$                      | 1710                                  |  | ZIP            | PHON           | IE   |
| This is to certify completion of treatmen   | · -                                   |                                       |  |                | - :            |  |
| your records. Forward white copy to   | -                                     | =                                     |  | •              | •              | the state of the s |
| Signature   | Print I                               | Name                                  | <del></del>                            | _ <del>.</del> | Date .         |  |
|   |                                       |                                       |  | =====          |                |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION   | EMERGENCY INFORMATION                 |              |               |                                       | SCALE INFORMATION                     |  |  |
|---|---------------------------------------|--------------|---------------|---------------------------------------|---------------------------------------|--|--|
| IMMEDIATE RESPONSE INFO   | RMATION                               | <del></del>  |               | يبر                                   |                                       |  |  |
|   |                                       |              |               | #5                                    |                                       |  |  |
|   | NON                                   | HAZ          | ·             |                                       |                                       |  |  |
|   |                                       |              |               | NET                                   | WT                                    |  |  |
| IN CASE OF EMERGENCY, N   | TIEV: // XI/A                         | 1/2/2        |               | TRAI                                  | LER NO. TRACTOR NO.                   |  |  |
| IN CASE OF EMERGENCY, IN  | JIIFT. LANGE                          | A CARROLL    | ·             | 11101                                 | ELITIO. MACTON NO.                    |  |  |
|   | <i>V</i>                              |              |               |                                       |                                       |  |  |
| , ,   | SHIPP                                 | ING INFORM   | ATION         |                                       | · · · · · · · · · · · · · · · · · · · |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS                          | QUANTITY     | CONTAIN       | IER TYPE                              | MATERIAL DESCRIPTION                  |  |  |
|   | NIN HAZ                               | 30 YOS       | BOX           | •                                     | SCRAP WOOD                            |  |  |
|   |                                       |              |               | •                                     |                                       |  |  |
|   |                                       |              |               |                                       |                                       |  |  |
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|   | MATE                                  | RIAL DISPOS  | SITION        |                                       |                                       |  |  |
| □ RECLAMATION □   | INCINERATION                          | □ LAN        | DFILL         | OTH                                   | ER (Specify) DUM/                     |  |  |
| ADDITIONAL<br>INFORMATION:  |                                       |              |               |                                       |                                       |  |  |
|   | C                                     | ERTIFICATION | )N            |                                       |                                       |  |  |
| GENERATOR DATE  | SHIPPED 6-22.                         |              |               | ATION COD                             | E NO                                  |  |  |
|   |                                       |              |               |                                       |                                       |  |  |
| COMPANY NAMEADDRESS   | · · · · · · · · · · · · · · · · · · · | <del></del>  | PUI           | RCHASE OR                             | DER                                   |  |  |
| CITY  | STATE                                 | <del></del>  | <del></del>   | ZIP                                   | PHONE                                 |  |  |
| This is to certify that the above named transportation according to the applic Signature Augus 10 | able regulations of the D             |              | ansportation. |                                       |                                       |  |  |
| TRANSPORTER   | 1111111                               |              |               | ATION NO                              |                                       |  |  |
| COMPANY   |                                       |              |               |                                       | DE                                    |  |  |
| ADDRESS   | 1/                                    |              |               |                                       |                                       |  |  |
| CITY  | CSTATE                                | <u> </u>     |               | ZIP                                   | PHONE                                 |  |  |
| This is to certify acceptance of the ab   | •                                     | • •          |               | • • •                                 | •                                     |  |  |
| Signature   | Print (                               | Name         | <del> </del>  | · · · · · · · · · · · · · · · · · · · | Date Received                         |  |  |
| TREATMENT/DISPOSAL FACILITY   | Was All a                             | EP.          | A IDENTIFIC   | ATION COD                             | E NO                                  |  |  |
| COMPANY SOUTH DA  | TION DULYI                            | <u></u>      | STA           | ATE I.D. NO.                          |                                       |  |  |
| ADDRESS   |                                       | (11/)        |               | 3 NO                                  |                                       |  |  |
| CITY //7 Y / O/V  | STATE Q                               | . , , -      |               |                                       | PHONE                                 |  |  |
| This is to certify completion of treatme<br>your records. Forward white copy to                   |                                       |              |               |                                       |                                       |  |  |
| Signature   | -                                     | •            |               | •                                     |                                       |  |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION                      |                          |  |                | SCAI          | LE INFORMATION                   |  |
|--|--------------------------|--|----------------|---------------|----------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION             |                          |  |                | #5            |                                  |  |
| <u> </u>                                   |                          |  |                | <i>m</i> .5   |                                  |  |
| · ·  | NNN                      | HAZ                                    |                | i             | •                                |  |
|  |                          |  |                | NET           | WT.                              |  |
|  | <del>-/-/</del>          | <del>-/: }-/</del>                     | <u></u>        |               |                                  |  |
| IN CASE OF EMERGENCY, NO                   | OTIFY: [Allen            | ~ ( ) ~ ( ) des                        | \$103~         | TRAI          | LER NO. TRACTOR NO.              |  |
|  | <del>`</del>             | ······································ |                |               | ·                                |  |
| 6  | SHIPPI                   | NG INFORM                              | IATION         | <del></del>   |                                  |  |
| D.O.T. SHIPPING DESCRIPTION                | HAZARD CLASS             | QUANTITY                               | CONTAIN        | IER TYPE      | MATERIAL DESCRIPTION             |  |
|  | TIVE AND DEADO           |  |                |               |                                  |  |
|  | NON HAZ                  | 30 VX                                  | RO             | Y             | SCRAP WOON                       |  |
| <u> </u>                                   | 10010_1111               | <u> </u>                               | 100            |               | Julia Wasi                       |  |
| <b></b>                                    | <del> </del>             | <del> </del>                           | <u> </u>       |               | <del> </del>                     |  |
|  |                          |  | ·              | _ <del></del> |                                  |  |
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|  |                          |  | · -            |               |                                  |  |
|  | MATEI                    | RIAL DISPOS                            | SITION         | <del></del>   | <del></del>                      |  |
| □ RECLAMATION □                            | NCINERATION              | - LAN                                  | DEILI          | поты          | ER (Specify)                     |  |
| <del></del>                                | INCINERATION             | U LAN                                  | DFILL          | ВОТП          | En (Specify)                     |  |
| ADDITIONAL                                 |                          |  |                |               |                                  |  |
| INFORMATION:                               |                          |  |                |               |                                  |  |
|  | Cı                       | ERTIFICATIO                            | N              |               | <del></del>                      |  |
| GENERATOR DATE                             |                          | 4                                      |                | ATION COD     | E NO                             |  |
| COMPANY NAME                               |                          |  |                |               |                                  |  |
| 1  |                          |  |                |               |                                  |  |
| ADDRESS                                    | STATE                    | <u> </u>                               | <u></u>        | ZIP           | PHONE                            |  |
| This is to certify that the above named i  |                          |  |                |               |                                  |  |
| transportation according to the applica    | ble regulations of the D | epartment of Tr                        | ansportation   | and the EPA   | Keep gold copy for your records. |  |
| Signature My Charles                       | KSO Print P              | Name WAY                               | VE L           | )H TSD        | N_ Phone 455-639/                |  |
| TRANSPORTER                                |                          |  |                | ATION NO.     | ·                                |  |
| COMPANY                                    |                          |  | ST/            | ATE I.D. COL  | DE                               |  |
| ADDRESS                                    | 2/4                      | ~                                      | JO             | B I.D. NO     |                                  |  |
| CITY                                       | STATE                    | <del></del>                            | <del></del> `  | ZIP           | PHONE                            |  |
| This is to certify acceptance of the abo   | ove materials for shipme | nt. Keep pink co                       | ppy for your r | ecords. App   | ropriate placards were offered.  |  |
| Signature                                  | Print I                  | Name                                   |                |               | Date Received                    |  |
| TREATMENT/DISPOSAL FACILITY                | <b>.</b> .               | , EP                                   | A IDENTIFIC    | ATION COD     | E NO                             |  |
| COMPANY SOUTH D                            | AYTUN DUI                | 17/19                                  |                |               |                                  |  |
|  |                          |  | B NO           |               |                                  |  |
| CITY DAY TON                               | STATE Q                  | HIU                                    |                |               | PHONE                            |  |
| This is to certify completion of treatment |                          |  |                |               |                                  |  |
| your records. Forward white copy to        |                          |  | •              |               | •                                |  |
| Signature                                  | Print I                  | Name                                   | <del></del>    | <del></del>   | Date                             |  |
|  |                          |  |                |               |                                  |  |



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| EMERGENCY INFORMATION  |                          |                 |              | SCA          | LE INFORMATION             | i             |
|--|--------------------------|-----------------|--------------|--------------|----------------------------|---------------|
| IMMEDIATE RESPONSE INFORMATION   |                          |                 |              | #5           |                            |               |
|  |                          |                 |              | ,,           |                            |               |
|  | NON                      | HHZ             |              | _            |                            |               |
| {  | / )                      | 1772            | ~,           | NET          | WT                         |               |
| IN CASE OF EMERGENCY, NO   | TIFY: Letter             | 1/Call          | (0)-         | TRAI         | LER NO. TRAC               | TOR NO.       |
|  |                          |                 |              |              |                            |               |
|  | CHIDDI                   | NG INFORM       | IATION       |              |                            |               |
| DOT OURSENS DESCRIPTION  | <del></del>              | Γ               | ·            |              |                            | 00/07/04/     |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS             | QUANTITY        | CONTAIN      | IER TYPE     | MATERIAL DES               | CRIPTION      |
|  | NON HAZ                  | 30405           | PLIV         | 7            | SCRAP O                    | 20017         |
|  | 1000 11116               | 30 10.5         | 7,7          | <del></del>  |                            | 1.            |
|  | <del> </del>             | <del> </del>    |              |              | <del> </del>               |               |
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|  |                          |                 |              |              |                            |               |
|  | MATE                     | RIAL DISPO      | SITION       |              |                            |               |
| □ RECLAMATION □ I  | NCINERATION              | □ LAN           | DFILL        | □ OTH        | ER (Specify) $\mathscr{L}$ | UMP           |
| ADDITIONAL   | <del></del>              |                 |              |              |                            |               |
| INFORMATION:   |                          |                 |              |              |                            |               |
| ·  |                          | FOTIFICATIO     |              | ·            |                            |               |
|  |                          | ERTIFICATIO     |              |              | <del></del>                |               |
| GENERATOR DATE S COMPANY NAME  | SHIPPED                  |                 |              |              |                            |               |
| ADDRESS  |                          |                 |              |              |                            |               |
| CITY   | STATE                    |                 |              | ZIP          | PHONE                      |               |
| This is to certify that the above named r  |                          |                 |              |              |                            |               |
| transportation according to the applica  | ble regulations of the D | epartment of Tr | ansportation | and the EPA  | Keep gold copy for         | your records. |
| Signature Configuration of the | Print 1                  | Vame 1/1/       | NE L         | SHIS         | 1) Phone 2/5               | 5-654         |
| TRANSPORTER  |                          | EP              | A IDENTIFIC  | ATION NO.    |                            |               |
| COMPANY  | 77                       | <del></del>     | ST           | ATE I.D. COI | DE                         | <del></del>   |
| ADDRESS  | <i>ff</i>                |                 |              |              |                            |               |
| CITY   | <i>7</i> .               |                 |              |              | PHÓNE                      |               |
| This is to certify acceptance of the abo   |                          |                 |              | · ·          |                            |               |
| Signature  | Print N                  |                 |              |              | Date Receive               |               |
| TREATMENT/DISPOSAL FACILITY  | DAYTON DO                | (11717) EP      |              |              | E NO                       |               |
| ADDRESS  | 11/10/0 100              | 17.61           |              |              |                            |               |
| CITY PAYTON  | STATE Z                  | 1777            |              |              | PHONE                      |               |
| This is to certify completion of treatmen  |                          |                 |              |              |                            |               |
| your records. Forward white copy to  |                          |                 |              |              |                            |               |
| Signature  | Print N                  | Name            | <del></del>  |              | Date                       | · · ·         |
|  |                          | ·               |              | <del></del>  |                            |               |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION                                   |                                       |                  |              | SCALE INFORMATION |                                    |  |
|---|---------------------------------------|------------------|--------------|-------------------|------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION                          |                                       |                  |              | #=                |                                    |  |
|   | NON H                                 | HZ               |              |                   | . ·                                |  |
|   | 10010 17                              | 114              | <del></del>  |                   |                                    |  |
|   | · · · · · · · · · · · · · · · · · · · | 1 1              |              |                   | WT                                 |  |
| IN CASE OF EMERGENCY, NO                                | DTIFY: Sily                           | (Missi)          | 2            | TRA               | LER NO. TRACTOR NO.                |  |
|   |                                       |                  | <del></del>  |                   | . 3                                |  |
| S   | SHIPP                                 | ING INFORM       | IATION       | L                 |                                    |  |
| D.O.T. SHIPPING DESCRIPTION                             | HAZARD CLASS                          | QUANTITY         | CONTAIN      | NER TYPE          | MATERIAL DESCRIPTION               |  |
|   | NON HAZ                               | 30 Y/25          | BOX          | /                 | MARY SCRAP WOOD                    |  |
|   |                                       |                  | ,            |                   |                                    |  |
|   |                                       | <u> </u>         | <del></del>  |                   | -                                  |  |
| <del></del>   |                                       |                  |              |                   |                                    |  |
| <del></del>   | A A T C                               | DIAL DICEO       | CITION       |                   | <u> </u>                           |  |
|   | MAIE                                  | RIAL DISPOS      | <del></del>  |                   | Δ/1 στ Ω                           |  |
| □ RECLAMATION □   | INCINERATION                          | □ LAN            | DFILL        | OTH               | ER (Specify) DUMP                  |  |
| ADDITIONAL INFORMATION:                                 |                                       |                  |              |                   |                                    |  |
| <del></del>   | C                                     | ERTIFICATIO      | )N           |                   |                                    |  |
| GENERATOR DATE  | SHIPPED L-30                          | -92 FP           | A IDENTIFIC  | ATION COL         | DE NO.                             |  |
|   |                                       |                  |              |                   |                                    |  |
| COMPANY NAME  | ·                                     |                  | PU           | RCHASE OF         | RDER                               |  |
| CITY  | STATE                                 |                  |              | ZIP               | PHONE                              |  |
| This is to certify that the above named                 |                                       |                  |              |                   |                                    |  |
| transportation according to the application             | able regulations of the D             | epartment of Tr  | ansportation | and the EPA       | . Keep gold copy for your records. |  |
| Signature Augustu                                       | Print I                               | Name ( 1/7 Y )   | Ut la        | NY 1501           | Phone 455-6391                     |  |
| TRANSPORTER U   |                                       | EP               | A IDENTIFIC  | ATION NO.         |                                    |  |
| COMPANY   | 1.7//                                 |                  |              |                   | DE                                 |  |
| ADDRESS   | HE                                    |                  |              |                   |                                    |  |
| CITY  | _                                     |                  |              |                   | PHONE                              |  |
| This is to certify acceptance of the abo                |                                       |                  |              | •                 | •                                  |  |
| Signature   | Print 1                               |                  |              |                   | ·                                  |  |
| TREATMENT/DISPOSAL FACILITY                             | Trus Our                              | ež EP.           |              |                   | PE NO                              |  |
| COMPANY SOUTH UT  | TON DUM                               |                  |              |                   |                                    |  |
| ADDRESS   | STATE                                 | DH17)            |              |                   | DUONE                              |  |
| CITY ///////// This is to certify completion of treatme |                                       | or diaposal in a |              |                   | PHONE                              |  |
| your records. Forward white copy to                     |                                       |                  |              |                   |                                    |  |
| Signature   | -                                     | =                |              |                   |                                    |  |
| O'g' Midito   |                                       |                  |              |                   |                                    |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION   |                |                 |              | SCALE INFORMATION |                                       |  |
|---|----------------|-----------------|--------------|-------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFO   | RMATION        |                 |              | #~                | 7                                     |  |
|   |                |                 |              | #/                |                                       |  |
|   | NON.           | HAZ             |              |                   |                                       |  |
|   | , ) ,          | ) /2            |              | NET               | WŢ                                    |  |
| IN CASE OF EMERGENCY, NO  | OTIFY: 1. LU   | assor           |              | TRAI              | LER NO. TRACTOR NO.                   |  |
|   |                |                 |              |                   |                                       |  |
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| }   | SHIPPI         | NG INFORM       | ATION        | ·····             | <del></del>                           |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS   | QUANTITY        | CONTAIN      | IER TYPE          | MATERIAL DESCRIPTION                  |  |
|   | NON HAZ        | 30 Y/25         | BOX          | /                 | SCRAP WOOD                            |  |
| <del></del>   | 1001-111-      | 10.0            | /            |                   | Jerrin vo dob                         |  |
|   | <del> </del>   |                 |              |                   |                                       |  |
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| ·   |                |                 |              |                   |                                       |  |
|   |                |                 |              |                   |                                       |  |
|   | MATER          | IAL DISPOS      | SITION       | <del></del>       | <del> </del>                          |  |
| □ RECLAMATION □ I   | INCINERATION   | - LAN           | DFILL        | OTH               | ER (Specify) <i>DUMP</i>              |  |
| ADDITIONAL<br>INFORMATION:  | ·              |                 |              |                   |                                       |  |
|   |                | ERTIFICATIO     |              |                   |                                       |  |
|   |                |                 |              |                   | DE NO                                 |  |
| COMPANY NAME  |                |                 |              |                   |                                       |  |
| ADDRESS   |                |                 | PU           | RCHASE OF         | IDER                                  |  |
| CITYThis is to certify that the above named r                                     |                |                 |              |                   | •                                     |  |
| transportation according to the applica   |                | epartment of Tr | ansportation | and the EPA       | Keep gold copy for your records.      |  |
| TRANSPORTER /   | •              | EP              | A IDENTIFIC  | ATION NO.         |                                       |  |
| COMPANY   |                | ·               | ST           | ATE I.D. COI      | DE                                    |  |
| ADDRESS   | <u> </u>       |                 |              |                   |                                       |  |
| This is to certify acceptance of the abo  |                |                 |              |                   | PHONE ropriate placards were offered. |  |
| Signature   | Print N        | Name            | <del></del>  |                   | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY   | YTON DUI       | n/) EP          |              |                   | DE NO                                 |  |
| ADDRESS   |                |                 |              |                   |                                       |  |
| CITY DAY TON  | STATE <i>Q</i> | 410             |              |                   | PHONE                                 |  |
| This is to certify completion of treatment<br>your records. Forward white copy to |                |                 |              |                   |                                       |  |
| Signature   | Print N        | ame             |              |                   | Date                                  |  |
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| EMERGENCY INFORMATION                                      |              |                  |             | SCALE INFORMATION                       |                          |              |
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| IMMEDIATE RESPONSE INFORMATION                             |              |                  |             | #1                                      | 7                        |              |
|  |              |                  |             | A                                       |                          |              |
| ·  | NON          | HHZ              |             |   | •                        |              |
|  |              |                  |             | NET                                     | WT                       |              |
| IN CASE OF EMERGENCY NO                                    |              | 100              |             |   |                          | OR NO        |
| IN CASE OF EMERGENCY, NO                                   | TIFY: Liveys | Course           |             | IRAI                                    | LER NO. TRACT            | OR NO.       |
| <del></del>  |              |                  |             |   |                          |              |
|  | SHIPPI       | NG INFORM        | ATION       |   |                          |              |
| D.O.T. SHIPPING DESCRIPTION                                | HAZARD CLASS | QUANTITY         | CONTAIN     | IER TYPE                                | MATERIAL DESC            | RIPTION 3    |
|  |              |                  |             |   |                          |              |
|  | NUN HAZ      | 30 Yns           | BOX         |   | SCRAP W                  | 2000         |
|  | 70070777     | 75 705           | <u> </u>    |   | <u> </u>                 |              |
| <u> </u>   |              | <del> </del>     | <del></del> |   | <del></del>              |              |
|  |              |                  |             |   |                          |              |
|  |              |                  |             |   |                          |              |
|  |              |                  |             |   |                          |              |
|  | MATE         | RIAL DISPOS      | SITION      |   |                          |              |
| □ RECLAMATION □ I  | NCINERATION  | □ LAN            | OFILL       | □ОТН                                    | ER (Specify) _ <i>QU</i> | IMP          |
| ADDITIONAL   |              |                  |             |   |                          | !            |
| INFORMATION:   | ·            | <u>.</u>         |             | <del></del>                             |                          |              |
|  |              | ERTIFICATION     | \AI         |   |                          |              |
|  |              |                  |             |   | E NO                     |              |
| GENERATOR DATE S COMPANY NAME                              | •            |                  |             |   |                          |              |
| ADDRESS  |              | •                | PUF         | CHASE OR                                | DER                      |              |
| CITY   | STATE        |                  |             | ZIP                                     | PHONE                    |              |
| This is to certify that the above named n                  |              |                  |             |   |                          |              |
| transportation according to the applica                    |              |                  |             |   | Keep gold copy for yo    | our records. |
| Signature Allega Con                                       | Print N      | Name WAY         | NE 6        | 1475                                    | 2N Phone 455             | -637/        |
| TRANSPORTER  | ·            | EP.              | A IDENTIFIC | ATION NO.                               |                          |              |
| COMPANY  |              |                  |             |   | DE                       |              |
| ADDRESS  |              |                  |             |   | <del></del>              |              |
| CITY   |              |                  |             |   | PHONE                    |              |
| This is to certify acceptance of the abo                   |              |                  |             |   |                          |              |
| Signature  | Print N      | Name             |             |   | Date Received            |              |
| TREATMENT/DISPOSAL FACILITY                                | ausia) nu    | en∠O EP.         | A IDENTIFIC | ATION COD                               | E NO                     |              |
| COMPANY SOUTH DI   | TYION DUM    |                  |             |   |                          |              |
| ADDRESS VTDA   |              | 410              |             |   | BUONE                    |              |
| CITY /// Y / O// This is to certify completion of treatmen | STATE Q      | or diaposal in a |             | ·-·-                                    | PHONE                    |              |
| your records. Forward white copy to                        |              |                  |             |   |                          |              |
| Signature  |              |                  |             | •                                       |                          |              |
| Signature  | Print P      | varrie           | *           | - · · · · · · · · · · · · · · · · · · · | Date                     |              |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □

| EMERGENCY INFORMATION   |                          |                  |                                       | SCALE INFORMATION                     |                                 |  |
|---|--------------------------|------------------|---------------------------------------|---------------------------------------|---------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION  |                          |                  |                                       |                                       | <u> </u>                        |  |
|   |                          |                  |                                       | #5                                    |                                 |  |
|   | NON                      | HAZ              |                                       |                                       |                                 |  |
|   |                          |                  |                                       | NET                                   | WT                              |  |
| IN CASE OF EMERGENCY NO   | 7.5.                     | 1.30             | <del></del>                           |                                       |                                 |  |
| IN CASE OF EMERGENCY, NO  | TIFY LUGAR               | ul Marie         | 2/)                                   | INA                                   | ILER NO. TRACTOR NO.            |  |
|   |                          |                  |                                       |                                       | •                               |  |
| 5   | SHIPPI                   | NG INFORM        | ATION                                 |                                       |                                 |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS             | QUANTITY         | CONTAIN                               | ER TYPE                               | MATERIAL DESCRIPTION            |  |
|   |                          |                  | · · · · · · · · · · · · · · · · · · · |                                       |                                 |  |
|   | NON HAZ                  | 30 105           | BOX                                   |                                       | SCRAP WOOD                      |  |
|   | 1                        |                  |                                       | <u>`</u>                              |                                 |  |
|   |                          |                  |                                       | <del></del>                           |                                 |  |
|   | ļ                        |                  |                                       |                                       |                                 |  |
|   |                          |                  | <br><del> </del>                      |                                       |                                 |  |
|   |                          | · .              |                                       |                                       |                                 |  |
|   | MATE                     | RIAL DISPOS      | SITION                                |                                       |                                 |  |
| □ RECLAMATION □ I   | NCINERATION              | □ LAN            | DFILL                                 | □OTH                                  | ER (Specify) <i>DUMP</i>        |  |
| ADDITIONAL  | ·                        |                  |                                       | <del></del>                           |                                 |  |
| INFORMATION:  |                          |                  | •                                     |                                       | •                               |  |
|   |                          |                  |                                       |                                       |                                 |  |
| <u> </u>  |                          | ERTIFICATIO      |                                       | · · · · · · · · · · · · · · · · · · · | ·<br>                           |  |
| GENERATOR DATES   |                          |                  |                                       |                                       |                                 |  |
| COMPANY NAME  | <del></del>              |                  | STA                                   | ATE I.D. NO.                          |                                 |  |
| ADDRESS   | CTATE                    |                  | PUI                                   | TID                                   | RUEH                            |  |
| This is to certify that the above named r                                     | ·                        |                  |                                       |                                       |                                 |  |
| transportation according to the applica                                       |                          |                  |                                       |                                       | ·                               |  |
|   | 20 Print I               |                  |                                       |                                       |                                 |  |
| TRANSPORTER   |                          |                  |                                       |                                       |                                 |  |
| COMPANY   |                          |                  |                                       |                                       | DE                              |  |
| ADDRESS   |                          |                  |                                       |                                       | ·                               |  |
| CITY  | STATE                    |                  | ;                                     | ZIP                                   | PHONE                           |  |
| This is to certify acceptance of the abo                                      | ove materials for shipme | nt. Keep pink co | py for your r                         | ecords. App                           | ropriate placards were offered. |  |
| Signature   | Print I                  | Name             | ·                                     |                                       | Date Received                   |  |
| TREATMENT/DISPOSAL FACILITY   | / <del></del>            | . <b>E</b> P     | A IDENTIFIC                           | ATION COD                             | DE NO                           |  |
| COMPANY SOUTH WAY   | ION DUMP                 | <del></del>      | STA                                   | ATE I.D. NO.                          |                                 |  |
| ADDRESS   |                          |                  | •                                     |                                       |                                 |  |
| CITY WAYTON   | STATE <u>O</u>           |                  |                                       |                                       | PHONE                           |  |
| This is to certify completion of treatmer your records. Forward white copy to | -                        | -                |                                       |                                       | - ·                             |  |
|   |                          | -                |                                       |                                       | Date                            |  |
| Signature   | Print f                  | Name             |                                       |                                       | Date                            |  |



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| EMERGENCY INFORMATION   |  |                                       |                  | SCALE INFORMATION |                          |  |
|---|--|---------------------------------------|------------------|-------------------|--------------------------|--|
| IMMEDIATE RESPONSE INFORMATION  |  |                                       |                  | #5                |                          |  |
| 1121) 1147  |  |                                       |                  | 77 )              | •                        |  |
|   | NON                                    | HAZ                                   | ·                | -                 |                          |  |
| + * <sup>1</sup>  | / )                                    | 137                                   | 7                | NET               | WT                       |  |
| IN CASE OF EMERGENCY, NO  | OTIFY: William                         | like                                  | 10)-             | TRA               | ILER NO. TRACTOR NO.     |  |
|   | 0                                      | · · · · · · · · · · · · · · · · · · · |                  |                   |                          |  |
| 2.7   | SHIDDI                                 | NG INFORM                             | IATION           | l                 |                          |  |
| D.O.T. SHIPPING DESCRIPTION   | T                                      | Ţ                                     | <del> </del>     | NER TYPE          | MATERIAL DESCRIPTION     |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS                           | QUANTITY                              | CONTAIN          | NER ITPE          | MATERIAL DESCRIPTION     |  |
|   | NON HAZ                                | 30 YOS                                | BOX              | <i>(</i>          | SCRAP WOOD               |  |
|   |  |                                       |                  |                   |                          |  |
|   |  |                                       |                  |                   |                          |  |
|   | <del> </del>                           |                                       |                  | <del></del>       | <del> </del>             |  |
|   | <del></del>                            |                                       |                  |                   |                          |  |
| ·   | 1                                      |                                       |                  |                   |                          |  |
| ·   | MATE                                   | RIAL DISPOS                           | SITION           | ·                 |                          |  |
| □ RECLAMATION □   | INCINERATION                           | □ LAN                                 | DFILL            | OTH               | ER (Specify) <u>DUMP</u> |  |
| ADDITIONAL<br>INFORMATION:  | · · · · · · · · · · · · · · · · · · ·  | <del>.</del>                          | ·<br><del></del> |                   |                          |  |
|   | CI                                     | ERTIFICATIO                           | ON .             | <del></del>       |                          |  |
| GENERATOR DATE  | SHIPPED 7-17-                          | 92 EP                                 | A IDENTIFIC      | CATION COL        | DE NO                    |  |
| COMPANY NAME  |  |                                       | ST               | ATE I.D. NO       | ·                        |  |
| ADDRESS   | · · · · · · · · · · · · · · · · · · ·  | <del> </del>                          | PU               | RCHASE OF         | RDER                     |  |
|   |  |                                       |                  |                   |                          |  |
| This is to certify that the above named transportation according to the applic Signature Lugar Constitution | able regulations of the D              |                                       | ansportation     | and the EPA       |                          |  |
| TRANSPORTER   |  | EP.                                   | A IDENTIFIC      | CATION NO.        |                          |  |
| COMPANY   | 75                                     |                                       |                  |                   | DE                       |  |
| ADDRESS   | <i></i>                                |                                       | · .              |                   |                          |  |
| This is to certify acceptance of the ab   | STATE                                  |                                       |                  |                   | PHONE                    |  |
| •   | •                                      | • • •                                 | • • •            | • •               |                          |  |
| •   | Print P                                | •                                     |                  |                   | Date Received            |  |
| COMPANY SOUTH   | TON DUMP                               | O EP                                  |                  |                   | DE NO                    |  |
| ADDRES9   | ······································ | HIN                                   | JO               | B NO              | ·                        |  |
| CITY WITTON   | STATE <u>O</u>                         | 1710                                  |                  |                   | PHONE                    |  |
| This is to certify completion of treatme  |  |                                       |                  |                   | •                        |  |
| your records. Forward white copy to   |  |                                       | -                |                   |                          |  |
| Signature   | Print f                                | Name                                  | <del></del>      | <del></del>       | Date                     |  |



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|---|----|------|
| N | U. | 265  |

| EMERGENCY INFORMATION  |  |                  |               | SCALE INFORMATION                     |                                       |  |
|--|--|------------------|---------------|---------------------------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION   |  |                  |               | #5                                    |                                       |  |
|  | NON  | HAZ              |               | ,                                     |                                       |  |
|  |  |                  |               | NET WT.                               |                                       |  |
| IN CASE OF EMERGENCY, NO   | TIFY: Wayn   | titis            | 17            | TRAI                                  | LER NO. TRACTOR NO.                   |  |
|  |  |                  |               |                                       | •                                     |  |
|  | SHIPPI   | NG INFORM        | ATION         | <u></u>                               |                                       |  |
| D.O.T. SHIPPING DESCRIPTION  | Ţ  |                  |               | (CD TVDC                              | MATERIAL DECORPTION                   |  |
| b.o.i. shiffing description  | HAZARD CLASS   | QUANTITY         | CONTAIN       | ICH ITPE                              | MATERIAL DESCRIPTION                  |  |
|  | WON HAZ  | 30 YOS           | ROY           | COAD WORK                             |                                       |  |
|  | 17010  | 10 103           |               | <del></del>                           | SCHIII COURT                          |  |
|  |  | <u> </u>         |               |                                       |                                       |  |
|  |  |                  | <del></del>   |                                       | · · · · · · · · · · · · · · · · · · · |  |
|  |  |                  | <del>,</del>  | · · · · · · · · · · · · · · · · · · · | <del></del>                           |  |
|  |  |                  |               |                                       |                                       |  |
|  | MATE   | RIAL DISPOS      | SITION        | <del></del>                           | Numa                                  |  |
| □ RECLAMATION □ I  | NCINERATION  | D LAN            | DFILL         | OTHE                                  | ER (Specify) DUMP                     |  |
| ADDITIONAL INFORMATION:  |  |                  | - <del></del> | · · ·                                 |                                       |  |
|  | CI   | ERTIFICATIO      | N             | ·<br>                                 |                                       |  |
| GENERATOR DATE S   | SHIPPED 7-20   | 90 EP            | A IDENTIFIC   | ATION COD                             | E NO                                  |  |
| COMPANY NAME   |  |                  |               |                                       |                                       |  |
| ADDRESS  | RESS PURCHASE ORDER  |                  |               |                                       |                                       |  |
| This is to cortifu that the above named a  | CITY STATE ZIP PHONE FHONE FHONE FHONE FHONE STATE FHONE STATE PHONE STATE FHONE |                  |               |                                       |                                       |  |
| transportation according to the applica  |  |                  |               |                                       | ·                                     |  |
|  | 11) Print I  |                  |               | ATSON                                 | Phone 455-6397                        |  |
| TRANSPORTER  | 1 1111(1   | •                |               | ATION NO                              | 1110110                               |  |
| COMPANY  | 1 <del></del>  | , EF.            |               |                                       | DE                                    |  |
| ADDRESS  | 1/-  | t.,              |               | 0B I.D. NO                            |                                       |  |
| CITY   |  |                  |               |                                       | PHONE                                 |  |
| This is to certify acceptance of the abo   | ve materials for shipme  | nt. Keep pink co | py for your i | ecords. Appr                          | opriate placards were offered.        |  |
| Signature  | Print I  | Name             |               | ·<br>·                                | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY  | 1/121 0110   | n /)             |               |                                       | E NO                                  |  |
| COMPANY SOUTH WH   | TION DUIN  |                  |               |                                       |                                       |  |
| CITY ATTON   |  |                  |               | OB NO.                                |                                       |  |
| CITY // TON STATE STATE ZIP PHONE PHONE This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for |  |                  |               |                                       | • •                                   |  |
| your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  |                  |               |                                       |                                       |  |
| Signature Print Name   |  |                  |               | Date                                  |                                       |  |
|  |  |                  |               |                                       |                                       |  |



□ HAZARDOUS ØNON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 200

| EMERGENCY INFORMATION  |                |             |              |                         | SCALE INFORMATION                     |  |
|--|----------------|-------------|--------------|-------------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION   |                |             |              | # 5                     |                                       |  |
|  | 120.1          | 1/17        |              |                         |                                       |  |
| <u></u>  | NON            | HAZ         | ·            | ·                       |                                       |  |
| }  | . \            |             |              | NET                     | WT                                    |  |
| IN CASE OF EMERGENCY, NO   | TIFY: 11 Miles | 1,200       | <u></u><br>切 | TRAILER NO. TRACTOR NO. |                                       |  |
|  |                |             | ···          |                         |                                       |  |
|  |                |             |              | L                       |                                       |  |
| 5  | SHIPPI         | ING INFORM  | ATION        | <del></del>             | <u> </u>                              |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY    | CONTAIN      | IER TYPE                | MATERIAL DESCRIPTION                  |  |
|  | NON HAZ        | 30 YOS      | BOX          | /                       | SCRAP WOCD                            |  |
|  |                |             |              |                         | ·                                     |  |
|  | 1              |             |              | · ·                     |                                       |  |
|  |                |             |              |                         | ·                                     |  |
| 4:   |                |             |              |                         |                                       |  |
| <del></del>  | MATE           | RIAL DISPOS | SITION       |                         | <del></del>                           |  |
| □ RECLAMATION □ I  | NCINERATION    | □ LAN       | DFILL        | □ОТН                    | ER (Specify) DUMP                     |  |
| ADDITIONAL<br>INFORMATION:   |                |             |              |                         |                                       |  |
| INTONIMATION.  |                | <del></del> | <del></del>  | ·                       | <del> </del>                          |  |
|  |                | ERTIFICATIO |              |                         |                                       |  |
| J  |                |             |              |                         | E NO                                  |  |
| COMPANY NAME   |                |             |              |                         |                                       |  |
|  | PURCHASE ORDER |             |              |                         |                                       |  |
| CITY   | · ·            |             |              |                         |                                       |  |
| This is to certify that the above named r  |                |             |              |                         |                                       |  |
| transportation according to the applica  |                | -           |              |                         |                                       |  |
| Oignature  | Print f        |             |              |                         | Phone                                 |  |
| TRANSPORTER (  |                |             |              |                         |                                       |  |
| COMPANY  | 271            |             |              |                         | DE                                    |  |
| ADDRESS  |                | <del></del> |              |                         | DUONE                                 |  |
| This is to certify acceptance of the abo   |                |             | •            |                         | PHONE                                 |  |
| Signature  | •              |             |              |                         |                                       |  |
| the second secon | Print i        |             |              |                         |                                       |  |
| TREATMENT/DISPOSAL FACILITY  | AVTON DI       | m1/1        |              |                         | E NO                                  |  |
| COMPANY SOUTH OF   | I I VIV DU     | 1///        | ST           | ATE I.D. NO.            |                                       |  |
| ADDRESS<br>CITY DAYTON   | STATE <i></i>  |             | •            |                         | PHONE                                 |  |
| This is to certify completion of treatmer  |                |             |              |                         | · · · · · · · · · · · · · · · · · · · |  |
| your records. Forward white copy to  |                |             |              |                         | ·                                     |  |
| Signature  | Print I        | Name        |              |                         | Date                                  |  |
|  |                |             |              |                         |                                       |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

NO. 1277

| EMERGENCY INFORMATION   |                                       |                                       |               | SCALE INFORMATION |                         |              |
|---|---------------------------------------|---------------------------------------|---------------|-------------------|-------------------------|--------------|
| IMMEDIATE RESPONSE INFORMATION  |                                       |                                       |               | -th-              |                         |              |
|   |                                       |                                       | <del></del> ; | 777               |                         |              |
|   | Hou                                   | 1112                                  |               |                   |                         |              |
|   |                                       |                                       | <del></del>   | NET               | w/T                     |              |
|   | <del></del>                           | · · · · · · · · · · · · · · · · · · · |               | NET WT.           |                         |              |
| IN CASE OF EMERGENCY, NO  | TIFY:                                 | <u> </u>                              |               | J TRAI            | LER NO. TRACTO          | OR NO.       |
|   |                                       | 71011                                 | <del></del>   |                   |                         |              |
| 5~  | SHIPPI                                | ING INFORM                            | IATION        | L                 |                         |              |
| <u> </u>  | <u> </u>                              |                                       | <u> </u>      | ·                 | T                       |              |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS                          | QUANTITY                              | CONTAIN       | NER TYPE          | MATERIAL DESCR          | IPTION       |
|   | 1//                                   | 17 1-                                 |               |                   | 201/                    |              |
|   | Nosta                                 | 30105                                 | DUX           |                   | X MUON                  | <u>ソ</u>     |
|   | •                                     | /                                     |               |                   |                         |              |
|   |                                       |                                       |               |                   |                         |              |
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|   | ·                                     |                                       |               |                   |                         | ·            |
| <u> </u>  | MATE                                  | RIAL DISPO                            | SITION        |                   |                         |              |
| □ RECLAMATION □ II  | NCINERATION                           | r LAN                                 | DFILL         | □OTH              | ER (Specify)            |              |
| ADDITIONAL  | · · · · · · · · · · · · · · · · · · · |                                       | <del></del>   | <del></del>       |                         |              |
| INFORMATION:  |                                       |                                       |               |                   |                         |              |
| THE OTHER PROPERTY.   | ·                                     |                                       | <del></del>   |                   |                         |              |
|   | C                                     | ERTIFICATIO                           | N             |                   |                         | <del></del>  |
| GENERATOR DATES   | HIPPED 8-3-9                          | 2EP                                   | A IDENTIFIC   | CATION COD        | ENO. DEDOGUE            | 1856/        |
| COMPANY NAME DE COM   |                                       |                                       | st            | ATE I.D. NO.      |                         | <del></del>  |
| ADDRESS _ 14Downson S   | in BLOD                               | - // >                                |               |                   | IDER                    |              |
| CITY Days   |                                       | OHIO                                  |               |                   | PHONE                   |              |
| This is to certify that the above named n   | • • •                                 |                                       | -             |                   |                         |              |
| transportation according to the applica   | ble regulations of the D<br>i         |                                       |               | and the EPA       | . Keep gold copy for yo | ur records.  |
| Signature Signature   | Print I                               | Name JHG                              | DNEW          | <del></del>       | Phone                   |              |
| TRANSPORTER   | •                                     | EP                                    | A IDENTIFIC   | ON NOITA          |                         | <del></del>  |
|   |                                       |                                       |               |                   | DE                      |              |
| ADDRESS AME   | <u> </u>                              |                                       |               |                   | <u>·</u>                |              |
| CITY  |                                       |                                       |               |                   | PHONE                   |              |
| This is to certify acceptance of the abo  | · ·                                   |                                       |               | _                 |                         |              |
| Signature   | Print I                               | Name                                  |               |                   | Date Received           | <del></del>  |
| TREATMENT/DISPOSAL FACILITY   |                                       |                                       |               |                   | E NO                    |              |
| COMPANY SOUTH DEPORT  | PIU                                   |                                       |               |                   |                         |              |
| ADDRESS   |                                       | 0411                                  | JO            | B NO. :           |                         | <del>:</del> |
| CITY ZIP PHONE PHONE COPY of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy of |                                       |                                       |               |                   |                         |              |
| This is to certify completion of treatmen your records. Forward white copy to   | _                                     | •                                     |               |                   | <del>-</del>            |              |
| Signature   |                                       | •                                     | a series      |                   | • • •                   | <u> </u>     |
|   |                                       |                                       |               |                   |                         |              |



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| EMERGENCY INFORMATION                             |  |                                       |                |                              | SCALE INFORMATION                |  |  |
|---|--|---------------------------------------|----------------|------------------------------|----------------------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION                    |  |                                       |                | 4/                           |                                  |  |  |
|   |  | 1-11                                  |                | 7/                           | 5                                |  |  |
|   | ///                                      | ONFIAZ                                |                |                              |                                  |  |  |
|   |  |                                       |                |                              | NET WT.                          |  |  |
| IN CASE OF EMERGENCY, NO                          | TIEV                                     |                                       |                | TRAI                         | LER NO. TRACTOR NO.              |  |  |
| in once of Emeridence, we                         | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | · · · · · · · · · · · · · · · · · · · |                | , , , , ,                    |                                  |  |  |
|   | 770                                      | de                                    |                | ·                            |                                  |  |  |
| ņ.,   | SHIPPI                                   | ING INFORM                            | IATION         | ·                            | <b>-</b>                         |  |  |
| D.O.T. SHIPPING DESCRIPTION                       | HAZARD CLASS                             | QUANTITY                              | CONTAIN        | IER TYPE                     | MATERIAL DESCRIPTION             |  |  |
|   | Nouthz                                   | 3040                                  | 55x            |                              | SCAPWOOD                         |  |  |
|   |  |                                       |                |                              | Confetouse                       |  |  |
|   |  |                                       |                |                              | (h)                              |  |  |
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|   | <u> </u>                                 | <u> </u>                              |                |                              |                                  |  |  |
|   | MATE                                     | RIAL DISPO                            | SITION         |                              |                                  |  |  |
| □ RECLAMATION □ I                                 | NCINERATION                              | # LAN                                 | DFILL          | HTO 🗆                        | ER (Specify)                     |  |  |
| ADDITIONAL INFORMATION:                           | ·<br>:                                   |                                       |                |                              |                                  |  |  |
|   | C  | ERTIFICATION                          | ON .           | <del></del>                  |                                  |  |  |
| GENERATOR DATES                                   | SHIPPED 8-3-9                            | EP                                    | A IDENTIFIC    | ATION COD                    | ENO. 610010905761                |  |  |
| COMPANY NAME A COMOR                              | AINE                                     |                                       |                |                              | :                                |  |  |
| ADDRESS 14130 WIS CONS                            | 110 1844                                 | 9.72                                  |                |                              | IDER                             |  |  |
| CITY DOTION                                       | STATE                                    |                                       |                |                              | PHONE                            |  |  |
| This is to certify that the above named n         |  |                                       |                |                              |                                  |  |  |
| transportation according to the applica           | ble regulations of the D                 | Name A                                | ansportation ( | ano ine efa                  | Phone 435-6391                   |  |  |
| Signature # JUNAN 31                              | Print I                                  |                                       |                |                              |                                  |  |  |
| TRANSPORTER                                       |  |                                       |                |                              |                                  |  |  |
| · · · · · · · · · · · · · · · · · · ·             |  |                                       |                | TATE I.D. CODE<br>DB I.D. NO |                                  |  |  |
| ADDRESS   |  |                                       |                |                              | PHONE                            |  |  |
| This is to certify acceptance of the abo          | _  |                                       | •              |                              | •                                |  |  |
| Signature   |  | ,                                     | 4              |                              |                                  |  |  |
|   |  |                                       |                |                              | E NO.                            |  |  |
| COMPANY - THE | w work                                   |                                       |                |                              | E NO.                            |  |  |
| ADDRESS   |  |                                       |                |                              |                                  |  |  |
| CITY DILPIAN                                      | Y DUTAN STATE DHIO                       |                                       |                |                              | PHONE                            |  |  |
| This is to certify completion of treatmer         |  |                                       |                |                              |                                  |  |  |
| your records. Forward white copy to               | generator. Processing                    | of your invoice                       | will begin u   | pon receipt                  | of signed copy of this manifest. |  |  |
| Signature   | Print I                                  | Name                                  |                |                              | Date                             |  |  |
| <del></del>                                       | نورمغور . <u></u>                        | rv-a                                  |                |                              |                                  |  |  |



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| <b>EMERGENCY INFORMATION</b>   | MERGENCY INFORMATION   |                                       |               |               | SCALE INFORMATION  |  |  |
|--|--|---------------------------------------|---------------|---------------|--|--|--|
| IMMEDIATE RESPONSE INFORMATION   |  |                                       |               | #             |  |  |  |
|  | <del></del>  | 1/19-2                                |               | 10            |  |  |  |
|  |  |                                       | <del></del> . | NET '         | WT   |  |  |
| IN CASE OF EMERGENCY, NO   | TIEV:  |                                       | <del></del>   | TRAI          | LER NO. TRACTOR NO.  |  |  |
| IN CASE OF EMERGENCY, NO   | Wirt.  | 201                                   |               |               | ELITIO. MACTORINO.   |  |  |
|  | SHIPPI   | ING INFORM                            | IATION        |               |  |  |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS   | QUANTITY                              | CONTAIN       | NER TYPE      | MATERIAL DESCRIPTION   |  |  |
|  | Mart 1-12  | 3000                                  | 12×           |               | Scar (1/10   |  |  |
|  |  | - /                                   | <i></i>       |               |  |  |  |
|  |  | <u> </u>                              |               | ·             | <del></del>  |  |  |
|  |  | <del> </del>                          |               |               |  |  |  |
|  | <u> </u>   |                                       | <del></del>   |               | <del></del>  |  |  |
|  |  |                                       |               | · .           | ·  |  |  |
|  | <del></del>  | RIAL DISPO                            | <del></del>   | •             |  |  |  |
| □ RECLAMATION □ I  | NCINERATION  | □⁄ CAN                                | DFILL         | OTH           | ER (Specify)   |  |  |
| ADDITIONAL INFORMATION:  | ·  | ·<br>·                                | ·             | ·             |  |  |  |
|  | <u></u>  | ERTIFICATION                          | NAI           | <del></del> - | ·  |  |  |
| CENTED TO DESCRIPTION OF THE PROPERTY OF THE P | SHIPPED X 6 9  |                                       |               |               | ENO. DEAMORPE  |  |  |
|  | MISS   | EP                                    |               |               | ENU. 15 CONTRACTOR OF THE CONT |  |  |
|  | Cavery Les   |                                       |               | URCHAȘE ORDER |  |  |  |
| CITY DEFIN   | STATE  | 0/10                                  |               |               | PHONE  |  |  |
| This is to certify that the above named n  |  |                                       |               | , ,           |  |  |  |
| transportation according to the applica  | ble regulations of the D   | epartment of Ir                       | ansportation  | and the EPA.  | الم ند   |  |  |
| Signature JMML Will  | Print !  | Name                                  | 31 ICI        | 18 W          | Phone  |  |  |
| TRANSPORTER  | •  |                                       |               |               | <del></del>  |  |  |
| COMPANY  | <u> </u>   |                                       |               |               | DE   |  |  |
| ADDRESS  | <del></del>  |                                       |               |               | <del></del>  |  |  |
| CITY   |  |                                       |               |               | PHONE  |  |  |
| This is to certify acceptance of the abo   | The state of the s |                                       |               |               |  |  |  |
| Signature  | Print I  |                                       |               |               |  |  |  |
| TREATMENT/DISPOSAL FACILITY  | - 100  | EP                                    | A IDENTIFIC   | CATION COD    | E NO   |  |  |
|  | Tav LANDERL  |                                       |               |               |  |  |  |
| ADDRESS  | <del></del>  |                                       |               |               | <u> </u>   |  |  |
| CITY DUTTON  | •  | ,                                     |               |               | PHONE  |  |  |
| This is to certify completion of treatmer your records. Forward white copy to  |  | -                                     |               |               | -  |  |  |
| Signature  | - T  | · · · · · · · · · · · · · · · · · · · | _             |               | • • •  |  |  |
|  |  |                                       |               |               |  |  |  |



□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 778

| EMERGENCY INFORMATION                     |                                       |                   |                  | SCALE INFORMATION                     |  |  |
|---|---------------------------------------|-------------------|------------------|---------------------------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION /          |                                       |                   |                  | 1                                     |  |  |
| \   |                                       |                   |                  | 75                                    |  |  |
| }   | March                                 | 1102              | ı                | ,                                     | •  |  |
|   | 10000                                 |                   |                  | NCT                                   | N/T                                      |  |
|   |                                       |                   |                  | NET                                   | vv 1                                     |  |
| IN CASE OF EMERGENCY, NO                  | TIFY:/                                |                   |                  | TRAI                                  | LER NO. TRACTOR NO.                      |  |
|   |                                       | 1./               |                  |                                       |  |  |
|   | NIU                                   |                   |                  |                                       | <del></del>                              |  |
| · ·                                       | SHIPPI                                | NG INFORM         | AHON             | · <del></del>                         | <del></del>                              |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                          | QUANTITY          | CONTAIN          | IER TYPE                              | MATERIAL DESCRIPTION                     |  |
|   | Northz                                | SOP               | BOX              |                                       | SCAPULLED                                |  |
|   |                                       |                   |                  |                                       | ·  |  |
|   |                                       |                   |                  |                                       |  |  |
|   |                                       |                   |                  |                                       |  |  |
|   |                                       |                   |                  |                                       |  |  |
|   | MATE                                  | RIAL DISPOS       | SITION           | <del></del>                           |  |  |
| □ RECLAMATION □ I                         | NCINERATION                           | LAN               | DFILL            | OTH                                   | ER (Specify)                             |  |
| ADDITIONAL                                | <del></del>                           |                   | <del></del>      |                                       |  |  |
| INFORMATION:                              |                                       |                   |                  |                                       |  |  |
|   | <u>c</u>                              | ERTIFICATION      | )N               |                                       |  |  |
| GENERATOR DATES                           | HIPPED & 6-9                          |                   |                  | ATION COD                             | ENO. OLOKO DISGI                         |  |
| COMPANY NAME                              | 2/15/5                                |                   |                  |                                       |  |  |
| ADDRESS 14/0 CUIS Caus                    | W Bid                                 |                   |                  | RCHASE OR                             | •  |  |
| CITY DOGIAN                               | STATE                                 | OHIO              |                  | ZIP 27                                |  |  |
| This is to certify that the above named n | naterials are properly cla            | ssified, describe | d, packaged,     | marked and                            | labeled, and are in proper condition for |  |
| transportation according to the applica   | ble regulations of the D              | epartment of Tr   | ansportation     | and the EPA                           | Keep gold copy for your records.         |  |
| Signature - Gull New                      | Print I                               | Vame DU           | 2 1KU            | <u> </u>                              | Phone 433-6351                           |  |
| TRANSPORTER                               |                                       | EP.               | ,<br>A IDENTIFIC | ATION NO.                             | · · · · · · · · · · · · · · · · · · ·    |  |
| COMPANY                                   |                                       |                   |                  |                                       | DE                                       |  |
| ADDRESS                                   |                                       |                   | JO               | B I.D. NO                             | <del></del>                              |  |
| CITY                                      | STATE                                 |                   | <u>.</u>         | ZIP                                   | PHONE                                    |  |
| This is to certify acceptance of the abo  | ve materials for shipme               | nt. Keep pink co  | py for your r    | ecords. App                           | opriate placards were offered.           |  |
| Signature                                 | Print 1                               | Name              |                  | ·<br>                                 | Date Received                            |  |
| TREATMENT/DISPOSAL_EACILITY               | •                                     |                   |                  |                                       | E NO                                     |  |
| COMPANY SOTIL BUILD                       |                                       |                   |                  |                                       |  |  |
| ADDRESS                                   |                                       |                   |                  |                                       |  |  |
| CITY Day 761                              | STATE                                 | 0/10              |                  |                                       | PHONE                                    |  |
| This is to certify completion of treatmen | · · · · · · · · · · · · · · · · · · · |                   |                  |                                       |  |  |
| your records. Forward white copy to       |                                       |                   |                  |                                       |  |  |
| Signature                                 | Print I                               | Name              |                  | · · · · · · · · · · · · · · · · · · · | Date                                     |  |
|   |                                       |                   |                  | 1,                                    |  |  |



□ HAZARDOUS ☑ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. ☑ 177

| EMERGENCY INFORMATION                    |                           |                   |                                       | SCALE INFORMATION |                                      |  |
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| IMMEDIATE RESPONSE INFORMATION           |                           |                   |                                       | خير الم           |                                      |  |
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| IN CASE OF EMERGENCY, NO                 | OTIFY:                    |                   |                                       | TRAI              | ILER NO. TRACTOR NO.                 |  |
|  | Topic                     | tu                |                                       |                   | •                                    |  |
|  | eusppi                    | NG INFORM         | ATION                                 |                   | <del></del>                          |  |
|  | T                         | <del></del>       | <u> </u>                              | ·                 | <u> </u>                             |  |
| D.O.T. SHIPPING DESCRIPTION              | HAZARD CLASS              | QUANTITY          | CONTAIN                               | NER TYPE          | MATERIAL DESCRIPTION                 |  |
|  | Nostaz                    | 3120              | 1301                                  | ****              | Concert y Par                        |  |
|  | 1000142                   | 30105             | 1001                                  |                   | C1100=17 17-761                      |  |
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|  |                           |                   |                                       |                   |                                      |  |
| · · · · · · · · · · · · · · · · · · ·    | MATE                      | RIAL DISPO        | SITION                                | <del></del>       | <del></del>                          |  |
| □ RECLAMATION □                          | NCINERATION               | LAN               | DFILL                                 | OTH               | ER (Specify)                         |  |
| ADDITIONAL                               |                           | <u> </u>          |                                       |                   |                                      |  |
| INFORMATION:                             |                           |                   |                                       |                   | •                                    |  |
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|  |                           | ERTIFICATIO       | ·                                     |                   | 200 - 50 71 - 51                     |  |
| S 1) - ( ) :                             | SHIPPED & 392             |                   |                                       |                   | DE NO. 0/DOLG 71 (6)                 |  |
| ADDRESS 1-10 WI CANS M                   | RW                        |                   |                                       |                   | RDER                                 |  |
| CITY DALFTON                             | STATE 0                   | 170               | FU                                    | ZIP               | RDERPHONE                            |  |
| This is to certify that the above named  |                           |                   |                                       |                   |                                      |  |
| transportation according to the applica  |                           |                   |                                       |                   |                                      |  |
| Signature Husel Now                      | Print I                   | Vame Disch        | 2 Mile                                |                   | Phone 455 699                        |  |
| TRANSPORTER                              |                           | EP                | A IDENTIFIC                           | ATION NO.         |                                      |  |
| COMPANY                                  | ·                         |                   |                                       |                   |                                      |  |
| ADDRESS                                  |                           | ·                 | `JO                                   | B I.D. NO         | DE                                   |  |
| CITY                                     | STATE                     | ·                 | <del></del>                           | ZIP               | PHONÉ                                |  |
| This is to certify acceptance of the abo | •                         | • •               |                                       |                   |                                      |  |
| Signature                                | Print I                   | Name              |                                       | <del></del>       | Date Received                        |  |
| TREATMENT/DISPOSAL FACILITY              | ,                         | <sub>.</sub> EP   | A IDENTIFIC                           | ATION COL         | DE NO                                |  |
| COMPANY SOTO DOYTH L                     |                           |                   |                                       |                   |                                      |  |
| ADDRESS                                  |                           | <del>6</del> // \ | JO                                    | B NO              | <u> </u>                             |  |
| CITY Dy av                               | STATE                     | DND               |                                       | ZIP               | PHONE                                |  |
| This is to certify completion of treatme | nt, storage, reclamation, | or disposal in co | ompliance wi                          | th appropriat     | te regulations. Keep canary copy for |  |
| your records. Forward white copy to      | generator. Processing     | or your involce   | : will begin t                        | hou teceibt       | or signed copy of this manifest.     |  |
| Signature                                | Print I                   | Name              |                                       | <u> </u>          | Date                                 |  |



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| EMERGENCY INFORMATION  | MERGENCY INFORMATION           |                   |  |                                       | SCALE INFORMATION                   |  |  |
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| IMMEDIATE RESPONSE INFO  | IMMEDIATE RESPONSE INFORMATION |                   |  |                                       |                                     |  |  |
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|  |                                |                   |  | NET                                   | WT                                  |  |  |
| IN CASE OF EMERGENCY, NO   | OTIFY:                         |                   |  | TRAI                                  | ILER NO. TRACTOR NO.                |  |  |
|  | SHIDDI                         | NG INFORM         | IATION   |                                       |                                     |  |  |
| DOT SHIPPING DESCRIPTION   | T                              | Γ                 | · ·  | IED TYPE                              | MATERIAL DESCRIPTION                |  |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS                   | QUANTITY          | CONTAIN  | IER TYPE                              | MATERIAL DESCRIPTION                |  |  |
|  | Non HAL                        | 30100             | BON  |                                       | ( morna pir                         |  |  |
|  |                                | / .               |  |                                       |                                     |  |  |
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|  | MATEI                          | RIAL DISPOS       | SITION   |                                       | <del></del>                         |  |  |
| □ RECLAMATION □ I  | NCINERATION                    | / LAN             | DFILL  | □ОТН                                  | ER (Specify)                        |  |  |
| ADDITIONAL INFORMATION:  |                                |                   |  | · · · · · · · · · · · · · · · · · · · |                                     |  |  |
| <u> </u>   | C                              | ERTIFICATION      | )N   |                                       |                                     |  |  |
| GENERATOR DATES  | SHIPPED F 5                    | -                 |  | ATION COD                             | DE NO 2010928161                    |  |  |
| COMPANY NAME   |                                |                   | ST   |                                       |                                     |  |  |
| ADDRESS 170 WISCINS  |                                | 12/ 4             |  | JRCHASE ORDER                         |                                     |  |  |
| CITY SIGN  |                                |                   |  |                                       | // PHONE                            |  |  |
| This is to certify that the above named r<br>transportation according to the applica |                                |                   |  |                                       |                                     |  |  |
| Signature Live Now   | Print                          | (1)2              | Jule   | and the Li A                          | Phone 4/35 6.29/                    |  |  |
| TRANSPORTER  |                                | vanie             |  | ATION NO                              |                                     |  |  |
| COMPANY  | · ·                            |                   |  |                                       | DE                                  |  |  |
| ADDRESS  |                                | <u> </u>          | JOI  | B I.D. NO                             |                                     |  |  |
| CITY PINE  | STATE                          |                   | · <u>·                                    </u> | ZIP                                   | PHONE                               |  |  |
| This is to certify acceptance of the abo   | ·                              | • •               |  |                                       |                                     |  |  |
| Signature  | Print I                        |                   |  |                                       | ·                                   |  |  |
| TREATMENT/DISPOSAL FACILITY  | (43                            | EP                |  |                                       | DE NO                               |  |  |
| COMPANY SOLF 11 DAY TO   | o dutation                     | <del></del>       |  |                                       |                                     |  |  |
| CITY JUMAN ON  | ·                              |                   | JOI  | B NO                                  | PHONE                               |  |  |
| This is to certify completion of treatmer  | t storage reclamation          | or disposal in co | mnliance wit                                   | h annronrist                          | e regulations. Keen canary conv for |  |  |
| your records. Forward white copy to  |                                |                   |  |                                       |                                     |  |  |
| Signature  | Print N                        | Name              |  |                                       | Date                                |  |  |
|  | <u> </u>                       |                   |  |                                       |                                     |  |  |



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| EMERGENCY INFORMATION                     |                          |                                       |                                       | SCALE INFORMATION |                                       |  |
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| IMMEDIATE RESPONSE INFORMATION            |                          |                                       |                                       | His               |                                       |  |
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|   | W.                       | WHI                                   |                                       |                   |                                       |  |
|   |                          |                                       |                                       | NET               | wt                                    |  |
| <u></u>                                   |                          | ·                                     |                                       |                   |                                       |  |
| IN CASE OF EMERGENCY, NO                  | TIFY:                    |                                       |                                       | IRA               | LER NO. TRACTOR NO.                   |  |
|   | - 18 B                   | <del>/</del>                          |                                       |                   |                                       |  |
|   | SHIPPI                   | NG INFORM                             | ATION                                 | <del></del>       |                                       |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS             | QUANTITY                              | CONTAIN                               | IFR TYPE          | MATERIAL DESCRIPTION                  |  |
| b.o.i. Shirring Description               | HAZARD CLASS             | QUANTITY                              | CONTAIN                               | ILN TIFE          | MATERIAL DESCRIPTION                  |  |
|   | May//12                  | 20425                                 | BOX                                   |                   | Concert                               |  |
|   |                          |                                       | •                                     |                   | J Diet                                |  |
|   | :                        |                                       |                                       | <del></del>       | 73171                                 |  |
|   | <del></del>              |                                       |                                       |                   | · · · · · · · · · · · · · · · · · · · |  |
|   | ·                        |                                       | <del></del>                           | <del></del>       | <u> </u>                              |  |
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|   | MATE                     | RIAL DISPOS                           | SITION                                |                   | · · · · · · · · · · · · · · · · · · · |  |
| □ RECLAMATION □ II                        | NCINERATION              | LAN                                   | DFILL                                 | □ OTH             | ER (Specify)                          |  |
| ADDITIONAL INFORMATION:                   |                          |                                       | ·                                     | ·<br>             |                                       |  |
| <del></del>                               | · ·                      | ERTIFICATION                          | · · · · · · · · · · · · · · · · · · · |                   | <del>_</del>                          |  |
| GENERATOR DATE-S                          | <del>() (``</del>        |                                       |                                       | ATION COR         | ENO. UPD660928561                     |  |
|   | HIPPED DESC              |                                       |                                       |                   |                                       |  |
| 1 (//- 1                                  | ESNAUD :                 |                                       | PUI                                   | TATE I.D. NO      |                                       |  |
| CITY Despidal                             | STATE <i>O</i>           | H10                                   |                                       | ZIP <u>#67</u>    | / PHONE                               |  |
| This is to certify that the above named n |                          |                                       |                                       |                   |                                       |  |
| transportation according to the applica   | ble regulations of the D | epartment of Tr                       | ansportation                          | and the EPA       |                                       |  |
| Signature SUNI NEW                        | Print N                  | Vame                                  | en su                                 | <del></del>       | Phone 155 ( 4)                        |  |
| TRANSPORTER                               |                          | EP                                    | A IDENTIFIC                           | ATION NO.         |                                       |  |
| COMPANY                                   |                          | ·                                     |                                       |                   | DE                                    |  |
| ADDRESS                                   |                          |                                       | JOI                                   | B I.D. NO         | DUONE                                 |  |
| This is to certify acceptance of the abo  |                          |                                       |                                       |                   | PHONE                                 |  |
|   |                          |                                       |                                       |                   |                                       |  |
| `   | Print r                  |                                       |                                       |                   | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY               | THE BADELL               | •                                     |                                       |                   | E NO                                  |  |
| ADDRESS                                   |                          |                                       |                                       |                   |                                       |  |
| CITY DALF, W                              | STATE                    | 10/110                                |                                       | ZIP               | PHONE                                 |  |
| This is to certify completion of treatmen |                          | •                                     |                                       |                   |                                       |  |
| your records. Forward white copy to       |                          |                                       |                                       |                   |                                       |  |
| Signature                                 | Print I                  | Name                                  |                                       | ·                 | Date                                  |  |
| <u> </u>                                  |                          | · · · · · · · · · · · · · · · · · · · |                                       | <del></del>       |                                       |  |



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| EMERGENCY INFORMATION                     |                          |  |               | SCAI         | E INFORMATION                           |
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| IMMEDIATE RESPONSE INFORMATION            |                          |  |               | Literan      |   |
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| IN CASE OF EMERGENCY NO                   | ATITY.                   |  | <del> </del>  | TDAI         | LER NO. TRACTOR NO.                     |
| IN CASE OF EMERGENCY, NO                  | 1111.                    | <i>7</i> 3 /   | ·             | 11101        | LER NO. THATTON NO.                     |
|   | Tu                       | The state of the s |               |              |   |
| 5.  | SHIPPI                   | NG INFORM  | IATION        |              |   |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS             | QUANTITY   | CONTAIN       | IER TYPE     | MATERIAL DESCRIPTION                    |
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|   | FU (1 2 FT )             | 7.25   |               |              |   |
| <u> </u>                                  | <del> </del>             | ļ  |               |              | 40101                                   |
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|   | MATEI                    | RIAL DISPOS  | SITION        |              | <del></del>                             |
| □ RECLAMATION □ I                         | NCINERATION              | D LAN  | DEILI         | потн         | ER (Specify)                            |
|   | NOMERATION               | ~ L/14   | OI ILL        | 001111       | Err (Opecity)                           |
| ADDITIONAL INFORMATION:                   |                          | ·<br>  | <del></del> - | ————         |   |
|   |                          | ERTIFICATION   | N.            | <u>.</u>     |   |
| GENERATOR CO DATE S                       | SHIPPED 8-8-9            | <u> ~ </u>   |               | ATION COD    | ENO. DALLINO 828511                     |
| COMPANY NAME DECLINA                      | MIPPEU                   | Er   |               |              | ENU. 277-470 12-07-7                    |
| ADDRESS 1400 WISCOS,                      | BID                      |  |               | RCHASE OR    |   |
| CITY DRIFTI                               | STATE                    | PHN  |               | ZIP = 45-10  | PHONE                                   |
| This is to certify that the above named n |                          |  |               |              |   |
| transportation according to the applica   | ble regulations of the D |  |               |              | Keep gold copy for your records.        |
| Signature <u>Surrollow</u>                | Print f                  | Name   | AU) M         | -00          | Phone 455-6391,                         |
| TRANSPORTER                               |                          | EP   | A IDENTIFIC   | ATION NO.    |   |
| COMPANY                                   | - 1887 T                 |  | ST.           | ATE I.D. CO  | DE                                      |
| ADDRESS                                   |                          |  | JO            | B I.D. NO    |   |
| CITY                                      |                          |  |               |              | PHONE                                   |
| This is to certify acceptance of the abo  |                          |  | •             |              |   |
| Signature                                 | Print N                  |  |               |              | ,                                       |
| TREATMENT/DISPOSAL FACILITY               | 47.11                    |  |               |              | E NO                                    |
| COMPANY South                             | you wast-in              |  | ST            | ATE I.D. NO. | . <del></del>                           |
| ADDRESS DEMAN                             | STATE                    | 9710   |               |              | PHONE                                   |
| This is to certify completion of treatmer |                          | or disposal is a   |               |              |   |
| your records. Forward white copy to       |                          |  |               |              |   |
| Signature                                 |                          | Tall to the  | •             |              | - : · · · · · · · · · · · · · · · · · · |
| Oignature                                 |                          | 10116  |               |              | Vale                                    |
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| EMERGENCY INFORMATION   | <del></del>                                  |  |                                       | SCAL                                  | LE INFORMATION                        |
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| IMMEDIATE RESPONSE INFO   | RMATION                                      |  | ·                                     |                                       |                                       |
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| IN CASE OF EMERGENCY, NO  | OTIFY:                                       |  |                                       | TRAI                                  | LER NO. TRACTOR NO.                   |
|   |  |  |                                       |                                       |                                       |
| r ~   | SHIPPI                                       | NG INFORM  | ATION                                 |                                       |                                       |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS                                 | QUANTITY   | CONTAIN                               | IER TYPE                              | MATERIAL DESCRIPTION                  |
|   |  |  |                                       | ·                                     |                                       |
|   |  |  |                                       |                                       |                                       |
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|   | MATE   | RIAL DISPOS  | SITION                                |                                       | <del></del>                           |
| □ RECLAMATION □   | NCINERATION                                  | □ LAN  | <del></del>                           |                                       | ER (Specify)                          |
| <del></del>   | NCINERATION                                  | L LAN  | DFILL                                 | וחוטם                                 | сн (Specify)                          |
| ADDITIONAL<br>INFORMATION:  | ·  | ·  | · · · · · · · · · · · · · · · · · · · |                                       |                                       |
|   | CI   | ERTIFICATION   | )N                                    | <del></del>                           |                                       |
| GENERATOR DATE S  | SHIPPED                                      | EP   | A IDENTIFIC                           | ATION COD                             | E NO                                  |
| COMPANY NAME  |  |  | ST/                                   | ATE I.D. NO.                          |                                       |
| ADDRESS   | مري يروم                                     | <del>(1)</del>   | PUI                                   | RCHASE OR                             | DER                                   |
| CITY  |  |  |                                       |                                       | PHONE                                 |
| This is to certify that the above named n transportation according to the applica |  |  |                                       |                                       | •                                     |
| 1 1 b - 10 /2 .   |  |  | ansportation a                        | and the EFA                           |                                       |
| Signature (   | Print !                                      |  | THE COME                              |                                       | Phone                                 |
| TRANSPORTER   |  |  |                                       |                                       |                                       |
| ADDRESS ADDRESS   | <u>.                                    </u> |  | 517                                   | ATE I.D. COL                          | DE                                    |
| CITY CITY   | STATE  |  |                                       | 71D. NO                               | PHONE                                 |
| This is to certify acceptance of the abo  |  |  |                                       |                                       |                                       |
| Signature   | ## · · · · · · · · · · · · · · · · · ·       |  | •                                     |                                       |                                       |
| TREATMENT/DISPOSAL FACILITY   |  | •  |                                       |                                       | E NO                                  |
| COMPANY - ONTH DAYTAN   | LANGEIN                                      |  |                                       | ·                                     |                                       |
| ADDRESS   | ·  | A Company of the Comp |                                       |                                       | · · · · · · · · · · · · · · · · · · · |
| CITY DESTON   | STATE  |  |                                       |                                       | PHONE                                 |
| This is to certify completion of treatment  |  |  |                                       |                                       |                                       |
| your records. Forward white copy to   |  |  |                                       | •                                     |                                       |
| Signature   | Print N                                      | Name   | <del></del>                           | <del></del>                           | Date                                  |
|   |  |  |                                       |                                       | <u> </u>                              |



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| EMERGENCY INFORMATION   | <del></del>              |                                       |         | SCAI                                  | E INFORMATIO | N  |
|---|--------------------------|---------------------------------------|---------|---------------------------------------|--------------|--|
| IMMEDIATE RESPONSE INFO   | RMATION /                |                                       |         | At                                    | •            |  |
|   |                          | <del>- //</del>                       |         | 77)                                   |              |  |
| (   | NOA                      | Affer                                 |         |                                       |              |  |
|   |                          |                                       |         | NET                                   | WT.          |  |
|   |                          |                                       |         |                                       |              | OTOR NO  |
| IN CASE OF EMERGENCY, NO  | TIFY:                    | 100 1                                 |         | IRAI                                  | LER NO. TRA  | CTOR NO.   |
|   |                          | 200                                   |         |                                       |              |  |
| .~  | SHIPP                    | ING INFORM                            | ATION   |                                       |              |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS             | QUANTITY                              | CONTAIN | IER TYPE                              | MATERIAL DE  | SCRIPTION  |
|   | MuHAZ                    | 301/3                                 | Box     |                                       | Scendill     |  |
|   |                          |                                       |         | 10 m                                  |              |  |
|   |                          |                                       |         | •                                     |              |  |
|   | <del></del>              | <del> </del>                          |         |                                       |              | ·  |
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|   | <u> </u>                 |                                       |         | · · · · · · · · · · · · · · · · · · · |              |  |
|   | MATE                     | RIAL DISPOS                           | SITION  | ·<br>————                             | ···          |  |
| □ RECLAMATION □ II  | NCINERATION              | D CAN                                 | DFILL   | □ OTH                                 | ER (Specify) | <del></del>  |
| ADDITIONAL INFORMATION:   |                          | · · · · · · · · · · · · · · · · · · · | ·<br>·  |                                       | ··           | ·  |
|   |                          | ERTIFICATIO                           | )N      | <del></del>                           |              | <del></del>  |
| GENERATOR DATES   | HIPPED X-10.9            |                                       |         | ATION COD                             | ENO. CHINGO  | 4861   |
| COMPANY NAME DECOMOR  |                          |                                       |         |                                       |              |  |
| ADDRESS _ 1-1706 SCUNS  |                          | <del> </del>                          | PU      | RCHASE OR                             |              |  |
| CITY _ Dayson   |                          | 14/10                                 |         |                                       | PHONE        |  |
| This is to certify that the above named n   |                          |                                       |         |                                       |              |  |
| transportation according to the applica   | ble regulations of the D |                                       |         | and the EPA                           |              |  |
| Signature Fallo Now   | Print                    | Name 1,401                            | DATE    | <del></del>                           | Phone Phone  | 51341  |
| TRANSPORTER   |                          |                                       |         |                                       |              |  |
| COMPANY   | <del></del>              |                                       |         |                                       | DE           |  |
| ADDRESS   |                          | <del></del>                           |         |                                       | <del></del>  | <del></del>  |
| This is to cortifu account and of the she   |                          |                                       |         |                                       | PHONE        | the second secon |
| This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Date Received   |                          |                                       |         |                                       |              |  |
|   | Print I                  |                                       |         |                                       |              | •  |
| TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.   |                          |                                       |         |                                       |              |  |
| COMPANY STATE I.D. NO ADDRESS   |                          |                                       |         |                                       |              |  |
| CITY DALF OF  | STATE A                  | (1/b)                                 | JOI     | 3 NQ<br>710                           | PHONE        |  |
|   |                          |                                       |         |                                       |              |  |
| This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest. |                          |                                       |         |                                       |              |  |
| Signature   |                          |                                       |         | · · · · · · · · · · · · · · · · · · · |              | The second secon |
|   |                          | ·                                     |         |                                       |              |  |



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| <b>EMERGENCY INFORMATION</b>              |                                       |  |                                       | SCAL                                  | E INFORMATION                         |
|---|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| IMMEDIATE RESPONSE INFO                   | RMATION                               |  |                                       |                                       |                                       |
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|   |                                       |  |                                       | NET                                   | WT                                    |
| IN CASE OF EMERGENCY, NO                  | TIFY:                                 |  |                                       | TRAI                                  | LER NO. TRACTOR NO.                   |
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|   |                                       | U/   | · ·                                   | 1                                     | <u> </u>                              |
|   | SHIPPI                                | ING INFORM   | ATION                                 |                                       |                                       |
| D,O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                          | QUANTITY   | CONTAI                                | NER TYPE                              | MATERIAL DESCRIPTION                  |
|   | Jarthe -                              | 30lps  | BUX                                   |                                       | Mello                                 |
|   |                                       |  |                                       |                                       |                                       |
|   |                                       |  |                                       | ÷                                     |                                       |
|   |                                       |  | · · · · · · · · · · · · · · · · · · · | <del></del> .                         |                                       |
|   |                                       |  | · .                                   | <del>- :</del>                        |                                       |
|   | MATE                                  | RIAL DISPOS  | HITION                                | · · · · · · · · · · · · · · · · · · · |                                       |
|   | <del></del>                           | <del></del>  |                                       |                                       |                                       |
| □ RECLAMATION □ II                        | NCINERATION                           | ₽ LANI   | DFILL                                 | ПОТН                                  | ER (Specify)                          |
| ADDITIONAL INFORMATION:                   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  | :<br>                                 |                                       |                                       |
|   | C                                     | ERTIFICATIO  | N                                     | <del></del>                           | · · · · · · · · · · · · · · · · · · · |
| GENERATOR DATE S                          |                                       | the second of th |                                       | CATION COD                            | ENO. DEDICATION                       |
| COMPANY NAME                              | War. vi-                              | -  | S1                                    | TATE I.D. NO.                         |                                       |
| ADDRESS 1-600 Works                       | r Res                                 | <u> </u>   | PL                                    | JRCHASE OR                            | DER                                   |
| CITY DEFOI                                | STATE                                 | H/10   | <del></del>                           | ZJP <u>/5</u>                         | 2/ PHONE                              |
| This is to certify that the above named n |                                       |  |                                       |                                       |                                       |
| transportation according to the applica   |                                       | V .  |                                       | ,                                     |                                       |
| Signature Mulling                         | Print I                               | Name 14  | IO KA                                 | $-\alpha$                             | Phone 4.5(29/                         |
| TRANSPORTER                               | e veri                                | EP   | A IDENTIFIC                           | CATION NO.                            |                                       |
| COMPANY                                   | ·                                     |  | S1                                    | ATE I.D. COL                          | DE                                    |
| ADDRESS                                   | · · · · · · · · · · · · · · · · · · · |  | JC                                    | )B I.D. NO                            | <u> </u>                              |
| CITY                                      | STATE                                 |  |                                       | ZIP                                   | PHONE                                 |
| This is to certify acceptance of the abo  | •                                     |  |                                       |                                       |                                       |
| Signature                                 | Print !                               |  | •                                     |                                       | Date Received                         |
| TREATMENT/DISPOSAL FACILITY               |                                       |  |                                       |                                       | E NO                                  |
| COMPANY DATA                              | LAND 16 C                             |  |                                       |                                       |                                       |
| CITY Define                               | STATE4                                | 0010   | JC                                    | DB NO                                 | PHONE                                 |
| This is to certify completion of treatmen | · ·                                   |  |                                       |                                       |                                       |
| your records. Forward white copy to       |                                       |  |                                       |                                       |                                       |
| Signature                                 |                                       |  | ·                                     | · ·                                   |                                       |
|   |                                       |  |                                       |                                       |                                       |



□ HAZARDOUS D'NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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| EMERGENCY INFORMATION  |                                       |                         |                | SCAL          | E INFORMATION                           |
|--|---------------------------------------|-------------------------|----------------|---------------|---|
| IMMEDIATE RESPONSE INFOR   | RMATION                               |                         |                | 44            |   |
|  | <del></del>                           | _/                      |                | 17カ           |   |
|  | 141                                   | bee                     | ·<br>          |               |   |
|  |                                       |                         |                | NET '         | WT                                      |
| IN CASE OF EMERGENCY, NO   | TIFY:                                 |                         |                | TRAI          | LER NO. TRACTOR NO.                     |
|  | 111                                   | 0                       |                |               |   |
|  | - SVU                                 |                         |                | <u> </u>      |   |
|  | SHIPPI                                | NG INFORM               | IATION         | ·             |   |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS                          | QUANTITY                | CONTAIN        | NER TYPE      | MATERIAL DESCRIPTION                    |
|  | Menta                                 | 3517                    | Box            |               | SAP Who                                 |
|  |                                       | 1 "                     |                |               |   |
|  | :                                     | -                       |                |               |   |
|  |                                       |                         |                |               |   |
|  |                                       | J.A.                    |                |               |   |
|  | MATE                                  | I ACRIAL DISPOS         | SITION         |               |   |
|  | <del></del>                           |                         |                |               |   |
| □ RECLAMATION □ IN   | NCINERATION                           | DEAN                    | DFILL          |               | ER (Specify)                            |
| ADDITIONAL INFORMATION:  | ·                                     | ·<br>                   |                | · · ·         |   |
|  | CI                                    | ERTIFICATION            | )N             |               | ٠                                       |
| GENERATOR DATE S   | HIPPED-115-92                         |                         |                |               | ENO. OFDOLGS SELL                       |
| COMPANY NAME ALCOCH  | 752                                   |                         |                |               | LINO. Section 1                         |
| ADDRESS 14011 SCOUSAR  | <i>S</i>                              | <u> </u>                | PU             | RCHASE OR     | DER                                     |
| CITY DALFON  | STATE 🔑                               | 4/10                    | ·              | ZIP 45/01     | / PHONE                                 |
| This is to certify that the above named m                                      | aterials are properly cla             | ssified, describe       | d, packaged,   | marked and I  | abeled, and are in proper condition for |
| transportation according to the applicat                                       |                                       |                         |                |               |   |
| Signature Munifold   | Print I                               | Name M                  | Mu             | <u> </u>      | Phone 4/37-674/                         |
| TRANSPORTER  |                                       | EP                      | A IDENTIFIC    | ATION NO.     |   |
| COMPANY  |                                       | · · · · · · · · · · · · |                |               | DE                                      |
| ADDRESS  | · · · · · · · · · · · · · · · · · · · | <u> </u>                | JO             | B I.D. NO     |   |
| CITY   | STATE                                 | <del></del>             | <del></del>    | ZIP           | PHONE                                   |
| This is to certify acceptance of the above                                     | e materials for shipme                | nt. Keep pink co        | opy for your i | records. Appr | opriate placards were offered.          |
| Signature  | Print f                               | Name                    | <del></del>    |               | Date Received                           |
| TREATMENT/DISPOSAL FACILITY  |                                       | EP                      | A IDENTIFIC    | ATION COD     | E NO                                    |
| COMPANY Sary Dagger L  | AND MC                                | <del></del>             | No.            |               |   |
| ADDRESS  |                                       | 1210                    |                |               |   |
| CITY JU  | STATE <i>D</i>                        |                         |                |               | PHONE                                   |
| This is to certify completion of treatment your records. Forward white copy to | · -                                   | -                       |                |               | _                                       |
|  |                                       |                         |                | •             |   |
| Signature  | Print f                               | Name                    |                |               | Date                                    |



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| EMERGENCY INFORMATION                     |                 |                  |                                       | SCALE INFORMATION |                                       |  |
|---|-----------------|------------------|---------------------------------------|-------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION            |                 |                  |                                       | 4                 |                                       |  |
|   |                 | <del>/ / /</del> |                                       | 1                 |                                       |  |
|   | //              | ONHA2            |                                       |                   |                                       |  |
|   |                 |                  |                                       | NET               | wT                                    |  |
|   |                 |                  |                                       | 4                 |                                       |  |
| IN CASE OF EMERGENCY, NO                  | TIFY:           | 111              |                                       | J TRAI            | LER NO. TRACTOR NO.                   |  |
|   | - 4             | fM/              |                                       | -                 |                                       |  |
|   | SHIPPI          | NG INFORM        | ATION                                 | I                 |                                       |  |
|   |                 |                  |                                       | ·                 | <u> </u>                              |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS    | QUANTITY         | CONTAIL                               | NER TYPE          | MATERIAL DESCRIPTION                  |  |
|   | 1/ //           | 7.171            |                                       |                   | 0-11/1/2                              |  |
|   | 1004/112        | 301,05           | 150×                                  | <u> </u>          | XMP (IDS)                             |  |
|   |                 | / /              |                                       |                   |                                       |  |
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| ·   |                 |                  |                                       |                   |                                       |  |
| His part of the second                    | MATE            | RIAL DISPOS      | SITION                                |                   |                                       |  |
| □ RECLAMATION □ II                        | NCINERATION     | LAN              | OFILL                                 | OTH               | ER (Specify)                          |  |
| ADDITIONAL                                |                 | . : ;            | 10.40                                 |                   |                                       |  |
| INFORMATION:                              |                 |                  | ••                                    |                   |                                       |  |
|   |                 |                  |                                       |                   |                                       |  |
|   |                 | ERTIFICATIO      |                                       |                   |                                       |  |
|   | HIPPED & 15- 9  | EP.              | A IDENTIFIC                           | CATION COD        | ENO 042016921561                      |  |
| COMPANY NAME                              |                 |                  |                                       |                   | ·                                     |  |
| ADDRESS 1-20 WISCAUS -                    |                 |                  |                                       |                   | DER                                   |  |
| CITY Degrar                               | STATE <i>QL</i> |                  |                                       |                   | PHONE                                 |  |
| This is to certify that the above named n |                 |                  |                                       |                   |                                       |  |
| transportation according to the applica   |                 | · \ / \a         | ansportation<br>I                     | and the EPA.      | Reep gold copy for your records.      |  |
| Signature <u>SAUMUMU</u>                  | Print I         | Name Hi          | · · · ·                               |                   | Phone                                 |  |
| TRANSPORTER                               |                 | EP.              | A IDENTIFIC                           | CATION NO.        | · · · · · · · · · · · · · · · · · · · |  |
| COMPANY                                   |                 |                  |                                       |                   | DE                                    |  |
| ADDRESS                                   |                 | <u> </u>         | JO                                    | B I.D. NO         |                                       |  |
| This is to certify acceptance of the abo  | _               |                  |                                       |                   | PHONE                                 |  |
|   |                 |                  |                                       |                   |                                       |  |
| Signature                                 | Print N         |                  |                                       |                   |                                       |  |
| TREATMENT/DISPOSAL FACILITY               | ADV.            |                  |                                       |                   | E NO                                  |  |
| COMPANY SOTT DAY IN L                     | 100             |                  | ST                                    | ATE I.D. NO.      |                                       |  |
| ADDRESS /                                 | STATE OF        | +/11)            |                                       | B NO              | PHONE                                 |  |
| This is to certify completion of treatmen |                 |                  |                                       |                   |                                       |  |
| your records. Forward white copy to       |                 |                  |                                       |                   |                                       |  |
| Signature                                 | D-1-4 A         |                  | J•g •                                 |                   | Date                                  |  |
| Signature                                 | Print P         | vame             | •                                     |                   | Date                                  |  |



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| IMMEDIATE RESPONSE INFO  | RMATION                        |                  |              |                                       |                                       |  |
|--|--------------------------------|------------------|--------------|---------------------------------------|---------------------------------------|--|
| · · · · · · · · · · · · · · · · · · ·  | IMMEDIATE RESPONSE INFORMATION |                  |              |                                       | 1                                     |  |
|  | ·                              | Northz           |              | 1/1                                   |                                       |  |
| <del></del>  | <del></del>                    | 10047-12         | <u> </u>     |                                       | <del></del>                           |  |
| <u> </u>   |                                |                  |              | NET                                   | WT                                    |  |
| IN CASE OF EMERGENCY, NO   | OTIFY:                         | h // //          |              | TRAI                                  | LER NO. TRACTOR NO.                   |  |
|  |                                | <i>2444</i>      | /            |                                       | •                                     |  |
|  | SHIPPI                         | ING INFORM       | IATION       | <u> </u>                              | <del> </del>                          |  |
| D.O.T. OLUBBURG DECORPORATION  | <del></del>                    | T                |              |                                       | T                                     |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS                   | QUANTITY         | CONTAIL      | NER TYPE                              | MATERIAL DESCRIPTION                  |  |
| <del> </del>   | Mulhz                          | 30125            | 100          | · · · · · · · · · · · · · · · · · · · | Concrete Dut                          |  |
|  |                                | 1                |              |                                       |                                       |  |
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| <del></del>  |                                | RIAL DISPOS      | <del></del>  |                                       |                                       |  |
| □ RECLAMATION □ I  | NCINERATION                    | LAN              | DFILL        | □OTH                                  | ER (Specify)                          |  |
| ADDITIONAL<br>INFORMATION:   |                                | 1                |              |                                       | Ser Jacobson Comments                 |  |
|  | C                              | ERTIFICATIO      |              |                                       | · ·                                   |  |
| GENERATOR DATES  | SHIPPED 6                      | EP               | A IDENTIFIC  | CATION COD                            | ENO. 042060921561                     |  |
| COMPANY NAME DECLE   |                                |                  |              | ATE I.D. NO.                          | ·                                     |  |
| 164  | Cars in the                    | <u> </u>         |              | IRCHASE OR                            |                                       |  |
| CITY 1700  | STATE 0.7                      |                  |              | ZIP 4540                              |                                       |  |
| This is to certify that the above named r<br>transportation according to the applica |                                |                  |              |                                       |                                       |  |
| Signature Well   | Print I                        | 1) 1             | 1) No        |                                       | Phone 15679/                          |  |
|  | Fillitt                        | valle se         | <u></u>      | ···                                   |                                       |  |
| TRANSPORTER  COMPANY   | •                              |                  | TP.          | ATE ID COL                            | DE                                    |  |
| ADDRESS  |                                |                  | - 1 1 so     | B I.D. NO                             |                                       |  |
| CITY   | STATE                          |                  |              | ZIP                                   | PHONE                                 |  |
| This is to certify acceptance of the abo   | ove materials for shipme       | nt. Keep pink co | py for your  | records. App                          | ropriate placards were offered.       |  |
| Signature  | Print t                        | Name             | <u> </u>     |                                       | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY  |                                | EP.              | A IDENTIFIC  | CATION COD                            | E NO                                  |  |
| COMPANY SOSTH DETON  | AVDFIN                         | ·                | ST           | ATE I.D. NO.                          |                                       |  |
| ADDRESS  |                                |                  |              |                                       | · · · · · · · · · · · · · · · · · · · |  |
| CITY Dyner   |                                |                  |              |                                       | PHONE                                 |  |
| This is to certify completion of treatmen  |                                |                  |              |                                       |                                       |  |
| your records. Forward white copy to  | generator. Processing          | ot your invoice  | wiii begin i | upon receipt                          |                                       |  |
| Signature  | Print N                        | Name             |              | ···                                   | Date                                  |  |



□ HAZARDOUS ENON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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| EMERGENCY INFORMATION                                   |                            |                   |                | SCAL        | E INFORMATION                            |  |
|---|----------------------------|-------------------|----------------|-------------|--|--|
| IMMEDIATE RESPONSE INFORMATION /                        |                            |                   |                |             |  |  |
| <del> </del>  |                            |                   |                | = 5         |  |  |
|   | /Va                        | 20/12             |                |             |  |  |
|   |                            |                   |                | NET         | WT                                       |  |
| IN CASE OF EMERGENCY, NO                                | TIEV:                      |                   |                | TRAI        | LER NO. TRACTOR NO.                      |  |
| ONSE OF EMERICENOT, NO                                  | 111                        | 100               |                | ''''        | 22.1143.                                 |  |
|   |                            | 100               |                | <u></u>     |  |  |
| , ~ ·   | SHIPPI                     | NG INFORM         | ATION          |             |  |  |
| D.O.T. SHIPPING DESCRIPTION                             | HAZARD CLASS               | QUANTITY          | CONTAIN        | NER TYPE    | MATERIAL DESCRIPTION                     |  |
|   | Northz                     | 30105             | (30X           |             | andeled but                              |  |
|   |                            |                   |                |             |  |  |
|   |                            |                   |                |             |  |  |
|   |                            |                   |                | <u> </u>    |  |  |
|   |                            | 100               |                |             |  |  |
|   |                            |                   |                | ·           | <u> </u>                                 |  |
|   | MATE                       | RIAL DISPO        | SITION         |             |  |  |
| □ RECLAMATION □   | NCINERATION                | PŁAN              | DFILL          | OTH         | ER (Specify)                             |  |
| ADDITIONAL<br>INFORMATION:                              |                            | · · ·             |                | ,<br>       |  |  |
|   | CI                         | ERTIFICATION      | )N             |             |  |  |
| GENERATOR DATE S  | HIPPED 5 15-               | 92EP              |                |             | ENO. 0/10669-2456/                       |  |
| ADDRESS   | <b>7</b> 7                 |                   |                |             | DER                                      |  |
| · · · · · · · · · · · · · · · · · · ·                   | STATE ∠                    | 1410              |                |             | PHONE                                    |  |
| This is to certify that the above named n               | naterials are properly cla | ssified, describe | d, packaged,   | marked and  | labeled, and are in proper condition for |  |
| transportation according to the applica                 | -                          |                   |                |             |  |  |
| Signature Alle /Vov                                     | Print f                    | Name 4            | 10 16          | <u>a</u>    | Phone 755-6721/                          |  |
| TRANSPORTER   |                            | EP                | A IDENTIFIC    | ATION NO.   |  |  |
| COMPANY   | ·                          | - <del></del>     | ST             | ATE I.D. CO | DE                                       |  |
| ADDRESS   |                            |                   |                | B I.D. NO   | ·  |  |
| CITY  |                            |                   |                |             | PHONE                                    |  |
| This is to certify acceptance of the abo                |                            |                   | ppy for your i |             |  |  |
| Signature   | Print !                    | Name              |                | <del></del> | Date Received                            |  |
| TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. |                            |                   |                |             |  |  |
| COMPANY SOUTH DEGIN                                     | sex /u                     | <del></del>       |                | =           |  |  |
| ADDRESS CITY ANTON                                      |                            | DELO              |                |             | BUONE.                                   |  |
| This is to certify completion of treatmen               | STATE                      |                   | mpliance       | LIP         | PHONE                                    |  |
| your records. Forward white copy to                     |                            |                   |                |             |  |  |
|   | Print i                    |                   |                |             |  |  |
|   |                            |                   |                | -           |  |  |



□ HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

| NO  |        | • |   |  |
|-----|--------|---|---|--|
| NO. | $\Box$ | S | 7 |  |

| EMERGENCY INFORMATION                         |                            | <del>`</del>                                     |               | SCA                       | LE INFORMATION                          |
|---|----------------------------|--|---------------|---------------------------|---|
| IMMEDIATE RESPONSE INFO                       | RMATION /                  |  | <del></del>   | -Links                    |   |
|   | 1                          | <del>-//</del>                                   | <del></del>   | 2                         |   |
|   | 1/00.                      | 11/2   |               |                           |   |
|   |                            |  |               | NET                       | WT                                      |
| IN CASE OF EMERGENCY, NO                      | TIEY:                      | <del></del>                                      |               | TRAI                      | LER NO. TRACTOR NO.                     |
| in one of Emerication, No                     |                            | 110.   |               |                           |   |
|   |                            | the  |               | <u> </u>                  | ·                                       |
|   | SHIPP                      | ING INFORM                                       | ATION         | <del></del>               |   |
| D.O.T. SHIPPING DESCRIPTION                   | HAZARD CLASS               | QUANTITY   | CONTAIN       | IER TYPE                  | MATERIAL DESCRIPTION                    |
|   | North                      | 20125  | BIX           |                           | Concrete Int                            |
|   |                            | 1  |               |                           |   |
|   |                            | ·  | <del></del>   | <del></del>               |   |
|   | ****                       |  |               | <del></del>               |   |
|   |                            |  |               |                           |   |
|   | MATE                       | RIAL DISPOS                                      | SITION        |                           | <b></b>                                 |
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| <b>EMERGENCY INFORMATION</b>  |                         |                  |                                       | SCAL  | E INFORMATION                            |
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| Signature My Common Signature               | Print                    | Name WAY         | NE W           | 77 7 301     | NPhone 455-639/                  |
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| INCASE OF EMERGENCY, NOTIFY  IN CASE OF EMERGENCY, NOTIFY  IN CASE OF EMERGENCY, NOTIFY  SHIPPING INFORMATION  D.O.T. SHIPPING DESCRIPTION  HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION  NON HAZ 30 YOS BOX CONCRETE OINT  MATERIAL DISPOSITION  D RECLAMATION D INCINERATION D LANDFILL DOTHER (Specify)  MATERIAL DISPOSITION  D RECLAMATION:  CERTIFICATION  GENERATOR  GENERATOR  COMPANY MAME  STATE ID NO.  PICHASE ORDER  CITY  Print Name  Print Name  Print Name  Print Name  Print Name  Print Name  Date Received  Print Name  Date Received  Print Name  Print Name  Print Name  Print Name  Date Received  Print Name  Print Name  Print Name  Print Name  Date Received  Print Name  Print Name  Print Name  Print Name  Print Name  Date Received  Print Name  Print Name | EMERGENCY INFORMATION  |                           |                  | SCA                                   | SCALE INFORMATION |                                   |
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| D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION    NON HAZ 30 YOS BOX CONCRETE + DIRT   NON HAZ 30 YOS BOX CONCRETE + DIRT   DOTHER (Specify) DUMP   | - CAGE OF EMERICENOT, NO   |                           |                  |                                       |                   | ELITIO. TIMOTOTINO.               |
| D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION    NON HAZ 30 YOS BOX CONCRETE + DIRT   NON HAZ 30 YOS BOX CONCRETE + DIRT   DOTHER (Specify) DUMP   | <u> </u>   | SHIPPI                    | NG INFORM        | ATION                                 | L                 | ·                                 |
| MATERIAL DISPOSITION  □ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify) DUMP  ADDITIONAL INFORMATION:  □ CERTIFICATION  □ COMPANY NAME  ADDRESS  □ CITY  □ STATE □ DOR  □ PHONE  □ PHON | DOT SHIPPING DESCRIPTION   | T                         | r                |                                       | JER TYPE          | MATERIAL DESCRIPTION              |
| MATERIAL DISPOSITION  □ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify) DUMP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8 - 22 - 92 EPA IDENTIFICATION CODE NO.  COMPANY NAME ADDRESS PURCHASE ORDER CITY STATE ZIP PHONE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name Print Name Print Name STATE ID. CODE ADDRESS IDENTIFICATION NO.  COMPANY STATE ZIP PHONE This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received TREATMENT/DISPOSAL FACILITY COMPANY SOLUTION CODE NO.  COMPANY SOLUTION CODE NO.  STATE ID. NO.  ADDRESS STATE ID. NO.  DOB NO.  STATE ID. NO.  ADDRESS JUP PHONE TREATMENT/DISPOSAL FACILITY TREATMENT/DISPOSAL FACILITY TO STATE ID. NO.  ADDRESS JUP PHONE TREATMENT/DISPOSAL FACILITY This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  | D.O.T. OTHER HAND DESCRIPTION  | TIAZAND OLAGO             | QUANTITI         | CONTAIN                               |                   | WATERIAL BEGORII TON              |
| RECLAMATION INCINERATION LANDFILL OTHER (Specify) DUMP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICATION CODE NO. COMPANY NAME STATE I.D. NO. ADDRESS PURCHASE ORDER CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WATSON Phone 55 6 39/  TRANSPORTER  EPA IDENTIFICATION NO. COMPANY STATE I.D. CODE ADDRESS JOB I.D. NO. CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY PRINT NAME DATE I.D. NO. ADDRESS JOB NO. CITY STATE I.D. NO. ADDRESS JOB NO. CITY PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  | NON HAZ                   | 30 YOS           | BOS                                   | <u> </u>          | CONCRETE + DIRT                   |
| RECLAMATION INCINERATION LANDFILL OTHER (Specify) DUMP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICATION CODE NO. COMPANY NAME STATE I.D. NO. ADDRESS PURCHASE ORDER CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WATSON Phone 55 6 39/  TRANSPORTER  EPA IDENTIFICATION NO. COMPANY STATE I.D. CODE ADDRESS JOB I.D. NO. CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY PRINT NAME DATE I.D. NO. ADDRESS JOB NO. CITY STATE I.D. NO. ADDRESS JOB NO. CITY PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  |                           |                  |                                       |                   |                                   |
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| DEFINITION DESCRIPTION DETAILS OF THE RECEIVED DUMP    RECLAMATION   INCINERATION   LANDFILL   DOTHER (Specify)   DUMP   |  |                           |                  |                                       |                   | ·                                 |
| RECLAMATION INCINERATION LANDFILL OTHER (Specify) DUMP  ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICATION CODE NO. COMPANY NAME STATE I.D. NO. ADDRESS PURCHASE ORDER CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WATSON Phone 55 6 39/  TRANSPORTER  EPA IDENTIFICATION NO. COMPANY STATE I.D. CODE ADDRESS JOB I.D. NO. CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY PRINT NAME DATE I.D. NO. ADDRESS JOB NO. CITY STATE I.D. NO. ADDRESS JOB NO. CITY PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  |                           |                  |                                       |                   |                                   |
| ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICATION CODE NO.  COMPANY NAME STATE LD. NO.  ADDRESS PURCHASE ORDER  CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WAYNE WAYNE Phone 55 39/  TRANSPORTER  EPA IDENTIFICATION NO.  STATE LD. CODE  ADDRESS JOB I.D. NQ.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  ADDRESS JOB NO.  CITY WAYNOW STATE I.D. NO.  ADDRESS JOB NO.  CITY WAYNOW STATE JOB NO.  CITY WAYNOW STATE JOB NO.  TREATMENT/DISPOSAL FACILITY STATE ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  | MATE                      | RIAL DISPOS      | SITION                                |                   |                                   |
| ADDITIONAL INFORMATION:  CERTIFICATION  GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICATION CODE NO.  COMPANY NAME STATE LD. NO.  ADDRESS PURCHASE ORDER  CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WAYNE WAYNE Phone 55 39/  TRANSPORTER  EPA IDENTIFICATION NO.  STATE LD. CODE  ADDRESS JOB I.D. NQ.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  ADDRESS JOB NO.  CITY WAYNOW STATE I.D. NO.  ADDRESS JOB NO.  CITY WAYNOW STATE JOB NO.  CITY WAYNOW STATE JOB NO.  TREATMENT/DISPOSAL FACILITY STATE ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   | □ RECLAMATION □ I  | NCINERATION               | D LAN            | DFILL                                 | □ OTH             | ER (Specify) DUMP                 |
| GENERATOR  DATE SHIPPED  B-2-72  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  ADDRESS  PURCHASE ORDER  CITY  STATE  ZIP  PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature  Print Name  Print Name  EPA IDENTIFICATION NO.  COMPANY  STATE I.D. CODE  JOB I.D. NQ.  CITY  STATE  ZIP  PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  Print Name  Date Received  EPA IDENTIFICATION CODE NO.  COMPANY  STATE I.D. NO.  ADDRESS  JOB NO.  CITY  STATE  ZIP  PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   | · .  |                           |                  |                                       |                   |                                   |
| GENERATOR  DATE SHIPPED  B-2-72  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  ADDRESS  PURCHASE ORDER  CITY  STATE  ZIP  PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature  Print Name  Print Name  EPA IDENTIFICATION NO.  COMPANY  ADDRESS  JOB I.D. NQ.  CITY  STATE  ZIP  PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  Print Name  Date Received  EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  STATE I.D. NO.  ADDRESS  JOB NO.  CITY  STATE  ZIP  PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  | <b></b>  | CI                        | FRTIFICATIO      | )N                                    | <del></del>       |                                   |
| COMPANY NAME  ADDRESS  CITY  STATE  S | GENERATOR DATE   |                           |                  | '                                     |                   |                                   |
| ADDRESS  CITY STATE ZIP PHONE  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAVE WATSON Phone 55 639/  TRANSPORTER  EPA IDENTIFICATION NO.  COMPANY STATE JIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.  STATE I.D. NO.  ADDRESS JOB NO.  CITY JOHN STATE JOHNO.  STATE LD. NO.  ADDRESS JOB NO.  CITY JOHN STATE JOHNO.  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  | The state of the s |                           |                  |                                       |                   |                                   |
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| transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records Signature Print Name WAYNE WATSON Phone 455 639/ TRANSPORTER EPA IDENTIFICATION NO.  COMPANY STATE I.D. CODE  ADDRESS JOB I.D. NQ.  CITY STATE ZIP PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.  ADDRESS JOB NO.  CITY STATE JUP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  |  |                           |                  |                                       |                   |                                   |
| TRANSPORTER  COMPANY  ADDRESS  CITY  STATE I.D. CODE  JOB I.D. NQ.  CITY  STATE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  Print Name  Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY  ADDRESS  CITY  STATE  JOB NO.  STATE I.D. NO.  ADDRESS  CITY  STATE  JOB NO.  STATE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  | transportation according to the applica  | ble regulations of the De | epartment of Tra | ansportation                          | and the EPA       | . Keep gold copy for your records |
| STATE I.D. CODE  ADDRESS  CITY  STATE  JOB I.D. NQ.  ZIP  PHONE  This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  Print Name  Date Received  TREATMENT/DISPOSAL FACILITY  COMPANY  STATE I.D. NO.  ADDRESS  CITY  STATE  JOB NO.  STATE I.D. | 1  | Print N                   |                  |                                       |                   | •                                 |
| ADDRESS  CITY  | •  |                           | EP               | A IDENTIFIC                           | ATION NO.         |                                   |
| This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  Signature  |  |                           |                  |                                       |                   |                                   |
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| Signature Print Name Date Received  TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO  COMPANY STATE I.D. NO  ADDRESS JOB NO  CITY STATE ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  | •                         |                  |                                       |                   |                                   |
| COMPANY STATE I.D. NO.  ADDRESS  CITY DITTON  STATE DITTON  STATE DITTON  STATE DITTON  STATE DITTON  STATE I.D. NO.  PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  | •                         |                  |                                       |                   |                                   |
| ADDRESS  CITY DITY TON  STATE DITY ZIP PHONE  This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  |  | 101771 011                | .4171            |                                       |                   |                                   |
| CITY DITY ON STATE OH ZIP PHONE PHONE This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  |  |                           |                  |                                       |                   |                                   |
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| your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.   |  |                           |                  |                                       |                   |                                   |
| Signature Date Date  | your records. Forward white copy to  | generator. Processing     | of your invoice  | will begin u                          | ipon receipt      | of signed copy of this manifest.  |
|  | Signature  | Print P                   | lame             | · · · · · · · · · · · · · · · · · · · |                   | Date                              |



| Ali | <b>n</b> : |     |
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| 14  | U.L        | 210 |

| EMERGENCY INFORMATION                         |                           |                         |                | SCA         | SCALE INFORMATION                         |  |  |
|---|---------------------------|-------------------------|----------------|-------------|---|--|--|
| IMMEDIATE RESPONSE INFO                       | RMATION                   |                         |                | # 5         |   |  |  |
|   | 11 -5                     | •                       |                |             |   |  |  |
|   | NON                       | HAZ                     |                |             |   |  |  |
|   |                           |                         |                | NET         | WT  |  |  |
| IN CASE OF EMERGENCY, NO                      | TIEV:                     | 1/200                   |                | TRAI        | LER NO. TRACTOR NO.                       |  |  |
| in once of Emerication, no                    | 111 1.62                  |                         |                |             | 111/10/10/11/10                           |  |  |
|   |                           |                         |                |             |   |  |  |
| 6   | SHIPPI                    | NG INFORM               | ATION          | <del></del> | <b>_</b>                                  |  |  |
| D.O.T. SHIPPING DESCRIPTION                   | HAZARD CLASS              | QUANTITY                | CONTAIN        | ER TYPE     | MATERIAL DESCRIPTION                      |  |  |
|   | NON HAZ                   | 30 405                  | BOX            | /           | CONCRETE + DIRT                           |  |  |
|   |                           |                         | ,              |             |   |  |  |
|   |                           |                         |                |             |   |  |  |
|   |                           |                         |                | <del></del> |   |  |  |
|   | <u> </u>                  |                         |                |             |   |  |  |
|   | MATE                      | RIAL DISPOS             | SITION         |             | l   |  |  |
| <b></b>                                       |                           | <del></del>             |                | · · ·       | Y)111312                                  |  |  |
| RECLAMATION DI                                | NCINERATION               | O LAN                   | DFILL          | HTOD        | ER (Specify)                              |  |  |
| ADDITIONAL<br>INFORMATION:                    |                           |                         |                |             | <del></del>                               |  |  |
|   |                           | ERTIFICATIO             | )N             | <del></del> | <del></del>                               |  |  |
| GENERATOR DATES                               |                           |                         | <u></u>        | ATION COD   | DE NO                                     |  |  |
| 1   | SHIFFED                   |                         |                |             | /L NO                                     |  |  |
|   |                           |                         | PUF            | RCHASE OF   | RDER                                      |  |  |
| CITY  | STATE                     | <del></del>             |                | ZIP         | PHONE                                     |  |  |
| This is to certify that the above named r     |                           |                         |                |             | •   |  |  |
| transportation according to the applica       | ble regulations of the Do | epartment of Tra<br>ノクハ | ansportation a | and the EPA | Keep gold copy for your records.  <br>ヘカ) |  |  |
| Signature Augus / Cal                         | Print N                   | Name (JA)               | NE A           | 111 100     | ON Phone 455-639/                         |  |  |
| TRANSPORTER //                                |                           |                         |                |             |   |  |  |
| COMPANY                                       | N)                        |                         |                |             | DE  |  |  |
| ADDRESS                                       | 1                         | <del> </del>            |                | • •         | PHONE                                     |  |  |
| This is to certify acceptance of the abo      | STATE                     |                         | •              |             | ·   |  |  |
|   |                           |                         |                |             | Date Received                             |  |  |
| . •   | Print P                   |                         |                |             | •   |  |  |
| TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DIS | YTON MILE                 | 17 / /                  |                |             | DE NO.                                    |  |  |
| ADDRESS                                       | 1.1.1.4                   |                         |                |             |   |  |  |
| CITY DAYTON                                   | STATE                     | DA10                    |                | ZIP         | PHONE                                     |  |  |
| This is to certify completion of treatmer     |                           | · ·                     |                |             |   |  |  |
| your records. Forward white copy to           | generator. Processing     | of your invoice         | will begin u   | pon receipt | of signed copy of this manifest.          |  |  |
| Signature                                     | Print N                   | Name                    | : · ·          | ·           | Date                                      |  |  |
|   |                           |                         |                | <del></del> |   |  |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

| EMERGENCY INFORMATION  |                          |                  |               | SCALE INFORMATION        |   |  |
|--|--------------------------|------------------|---------------|--------------------------|---|--|
| IMMEDIATE RESPONSE INFORMATION   |                          |                  |               | #5                       |   |  |
|  |                          |                  |               |                          |   |  |
|  | NVN                      | HAZ              |               |                          |   |  |
|  |                          |                  |               | NFT                      | WT  |  |
|  | <del>/,)/``</del>        | h                |               |                          | •   |  |
| IN CASE OF EMERGENCY, NO   | DTIFY:                   | 1620-            | <del></del>   | IRAI                     | LER NO. TRACTOR NO.   |  |
|  |                          |                  | <del></del>   | •                        |   |  |
|  | SHIPPI                   | NG INFORM        | IATION        |                          |   |  |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS             | QUANTITY         | CONTAIN       | IER TYPE                 | MATERIAL DESCRIPTION  |  |
|  | 11/2/11/0                | 40/              |               |                          | I WAY EARLY BESON IN THOR   |  |
|  | NON HAZ                  | 30 YOS           | BOX           |                          | CONCRETE + DIRT   |  |
|  |                          |                  |               |                          |   |  |
|  | <del> </del>             | ·                |               | <del></del>              |   |  |
|  |                          |                  |               |                          |   |  |
|  |                          |                  |               |                          |   |  |
|  | ·                        |                  |               |                          |   |  |
|  | MATE                     | RIAL DISPO       | SITION        |                          | ·   |  |
| □ RECLAMATION □ I  | INCINERATION             | □ LÁN            | DFILL         | □ОТН                     | ER (Specify) Dump   |  |
| ADDITIONAL   |                          |                  |               |                          |   |  |
| INFORMATION:   |                          |                  |               |                          |   |  |
|  |                          |                  |               |                          |   |  |
|  | . = -                    | ERTIFICATION     |               | :·<br>                   | •   |  |
|  | •                        |                  |               |                          | E NO  |  |
| COMPANY NAME   |                          |                  |               |                          |   |  |
| ADDRESS  | STATE                    |                  | PU            | HCHASE OF                | PHONE   |  |
| This is to certify that the above named  |                          |                  |               |                          |   |  |
| transportation according to the applica  |                          |                  |               |                          | the second control of |  |
| Signature Such bla   | 70 Print I               |                  |               | 4750                     | 1 1 01  |  |
| TRANSPORTER  |                          |                  |               | ATION NO                 |   |  |
| COMPANY  | · ·                      | Er               |               |                          | DE  |  |
| ADDRESS  | MI                       |                  | JO            | B I.D. NO                |   |  |
| CITY   | STATE                    | ·                |               | ZIP                      | PHONE   |  |
| This is to certify acceptance of the abo   | ove materials for shipme | nt. Keep pink co | py for your r | ecords. App              | ropriate placards were offered.   |  |
| Signature  | Print i                  | Name             |               |                          | Date Received   |  |
| TREATMENT/DISPOSAL FACILITY,   | - 1- 1 - 2               | EP EP            | A IDENTIFIC   | ATION COD                | E NO  |  |
| COMPANY SOUTH UAYTON DUNIO STATE I.D. NO.  |                          |                  |               |                          |   |  |
| ADDRESS  |                          |                  | jo            | B NO                     |   |  |
| CITY DAY TON   | STATE C                  |                  |               |                          | PHONE   |  |
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| The section of the se |                          |                  |               |                          |   |  |
| Signature  | Print i                  | Name             |               | Television of the second | Date  |  |



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| EMERGENCY INFORMATION                     |              |                                       |  |             | SCALE INFORMATION    |  |  |
|---|--------------|---------------------------------------|--|-------------|----------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION            |              |                                       |  |             |                      |  |  |
|   |              |                                       |  |             | #5                   |  |  |
|   | NON          | HMZ                                   |  |             |                      |  |  |
|   | ·.           |                                       |  | NET         | WT                   |  |  |
| IN CASE OF EMERGENCY, NO                  | <del></del>  | $\frac{1}{2}$                         |  | ł           | LER NO. TRACTOR NO.  |  |  |
| IN CASE OF EMERGENCY, NO                  | MFY 1 Leggie | - Carlotte                            | 05                                     | ITA         | LER NO TRACTOR NO.   |  |  |
|   |              |                                       | <del></del>                            |             |                      |  |  |
| \$ **                                     | SHIPPI       | NG INFORM                             | ATION                                  |             |                      |  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS | QUANTITY                              | CONTAIN                                | NER TYPE    | MATERIAL DESCRIPTION |  |  |
|   | NON HAZ      | 30 YUS                                | 130                                    | X           | CONCRETE + DIRT      |  |  |
|   |              |                                       |  | • •         |                      |  |  |
|   |              | -                                     | ······································ |             |                      |  |  |
|   | <del> </del> | ·                                     |  |             |                      |  |  |
|   |              |                                       |  | ·           |                      |  |  |
|   |              |                                       | ·                                      |             |                      |  |  |
|   | MATER        | RIAL DISPOS                           | SITION                                 |             |                      |  |  |
| □ RECLAMATION □ I                         | NCINERATION  | □ LANI                                | OFILL                                  | □OTH        | ER (Specify) DUMP    |  |  |
| ADDITIONAL INFORMATION:                   |              |                                       |  | <u>.</u>    | · :                  |  |  |
|   |              |                                       |  |             |                      |  |  |
|   |              | ERTIFICATIO                           |  |             |                      |  |  |
|   |              |                                       |  |             | DE NO                |  |  |
| ADDRESS                                   |              |                                       |  |             |                      |  |  |
| CITY                                      | STATE        | · · · · · · · · · · · · · · · · · · · |  | ZIP         | PHONE                |  |  |
| This is to certify that the above named r |              |                                       |  |             |                      |  |  |
| transportation according to the applica   |              |                                       |  | , , ,       |                      |  |  |
| Signature Ally (C)                        | Print N      | vame (1)                              | ME l                                   | WHISO       | 00 Phone             |  |  |
| TRANSPORTER /                             |              | EP.                                   | A IDENTIFIC                            | ATION NO.   |                      |  |  |
| COMPANY                                   | 111          | ·                                     |  |             | DE                   |  |  |
| ADDRESS                                   | HE           |                                       |  |             | <u> </u>             |  |  |
| CITY                                      |              |                                       |  |             | PHONE                |  |  |
| This is to certify acceptance of the abo  |              |                                       |  |             |                      |  |  |
| Signature                                 | Print N      |                                       |  |             |                      |  |  |
| TREATMENT/DISPOSAL FACILITY               | 10/70 D      | Leniel                                |  |             | E NO                 |  |  |
|   |              |                                       |  |             |                      |  |  |
| ADDRESS CITY DAY TON                      | STATE        | DH1 ()                                |  | B NO<br>ZIP | PHONE                |  |  |
| This is to certify completion of treatmer |              | or disposal in co                     |  |             |                      |  |  |
| your records. Forward white copy to       | - •          |                                       |  |             |                      |  |  |
| Signature                                 | Print N      | Name                                  |  |             | Date                 |  |  |
|   |              |                                       |  |             |                      |  |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

| EMERGENCY INFORMATION   |                           |                    |               |              | SCALE INFORMATION   |             |             |  |
|---|---------------------------|--------------------|---------------|--------------|---------------------|-------------|-------------|--|
| IMMEDIATE RESPONSE INFORMATION  |                           |                    |               |              |                     |             |             |  |
|   | )                         |                    |               | ٠            |                     |             |             |  |
|   | 1001                      | 7///-              |               | NET          | WT                  |             |             |  |
|   | <del>/)</del>             | <del>// ) /2</del> |               |              |                     |             |             |  |
| IN CASE OF EMERGENCY, NO  | OTIFY: Cally              | - (Ca') sol        | 2             | TRAI         | LER NO. TR          | ACTOR       | NO.         |  |
|   | SHIPPI                    | NG INFORM          | IATION        | <del></del>  |                     |             |             |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS              | QUANTITY           | CONTAIN       | IER TYPE     | MATERIAL D          | )ESCRIP     | TION        |  |
|   | NON HAZ                   | 30 YIS             | BOX           | /            | CUNCRETE            | r 1         | DIRT        |  |
|   |                           | <b>.</b>           | ļ             |              |                     |             |             |  |
|   |                           |                    |               |              |                     | •           |             |  |
|   | <del> </del>              |                    |               |              |                     | <del></del> | <del></del> |  |
|   |                           |                    |               | <del></del>  |                     | <del></del> | <del></del> |  |
|   | MATE                      | RIAL DISPOS        | SITION        | <del></del>  | <del> </del>        | <del></del> | <del></del> |  |
| □ RECLAMATION □ I   | INCINERATION              | □ LAN              | <del></del>   | потн         | ER (Specify) _      | DU          | np          |  |
| ADDITIONAL<br>INFORMATION:  |                           |                    |               |              |                     |             |             |  |
|   | C                         | ERTIFICATION       | ON .          | <del></del>  | <del></del>         | <del></del> |             |  |
| GENERATOR DATES   | SHIPPED 8-22              | 92 EP              | A IDENTIFIC   | ATION COD    | DE NO               |             |             |  |
| COMPANY NAME  |                           |                    | ST/           | ATE I.D. NO. |                     |             | <u> </u>    |  |
| COMPANY NAME  | ···                       | · <del>·</del>     | PUI           | RCHASE OF    | IDER                |             |             |  |
| CITY  | STATE                     |                    |               | ZIP          | PHONE .             | <del></del> | <del></del> |  |
| This is to certify that the above named retransportation according to the applications are signature. | able regulations of the D |                    | ansportation  |              |                     | for your r  | records.    |  |
| TRANSPORTER   | Fillet                    | •                  |               | ATION NO     | - Filotiey          |             |             |  |
| COMPANY   | 111                       | Er                 |               |              | DE                  |             | <del></del> |  |
| ADDRESS   | MI                        | ٦.,                |               |              |                     |             |             |  |
| CITY  | STATE                     |                    |               |              | PHONE .             |             |             |  |
| This is to certify acceptance of the abo  | ove materials for shipme  | nt. Keep pink co   | py for your r | ecords. App  | ropriate placards w | ere offere  | d.          |  |
| Signature   | Print I                   | Name               |               | <del></del>  | Date Rec            | eived       | <u>, 1</u>  |  |
| TREATMENT/DISPOSAL FACILITY COMPANY SOUTH   | YTON MIN                  | <b>Z</b>           |               |              | E NO                |             | <u> </u>    |  |
| ADDRES\$1   |                           |                    |               |              |                     |             |             |  |
| CITY DAYTON   | STATE $\mathcal{L}$       | 410                |               |              | PHONE .             |             |             |  |
| This is to certify completion of treatment your records. Forward white copy to                        |                           |                    |               |              |                     |             |             |  |
| Signature   | Print !                   | Name               |               |              | Date                | <del></del> |             |  |
| <del></del>   |                           |                    |               |              | <del> </del>        |             |             |  |



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|---|---|---|--|---|---|---|---|
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| EMERGENCY INFORMATION                           |                                       |             |  | SCALE INFORMATION |               |                                    |
|---|---------------------------------------|-------------|--|-------------------|---------------|------------------------------------|
| IMMEDIATE RESPONSE INFORMATION                  |                                       |             |  |                   | #5            | -                                  |
|   |                                       |             |  |                   | )             |                                    |
|   |                                       | NON         | 1442   |                   |               |                                    |
|   | ,                                     | ``          | 1.5  |                   | NET           | WT                                 |
| IN CASE OF EMERGENCY, NO                        | OTIFY:                                | Muy         | at to Iss  | )                 | TRAI          | LER NO. TRACTOR NO.                |
|   |                                       | <u> </u>    |  |                   |               |                                    |
| 5   | · · · · · · · · · · · · · · · · · · · | SHIPPI      | ING INFORM                                       | IATION            |               |                                    |
| D.O.T. SHIPPING DESCRIPTION                     | HAZAR                                 | D CLASS     | QUANTITY   | CONTAIN           | IER TYPE      | MATERIAL DESCRIPTION               |
| D.O. T. OT II. T. II. G. D. D. DOTTII. T. TOTT  | IIAZAN                                | ·           | QOARTITI   |                   |               | MATERIAL DESCRIPTION               |
|   | WON                                   | HAZ         | 301/5  | 130               |               | CONCRETE & DIRT                    |
|   |                                       |             |  | ,                 | <del></del>   | 927 <u>-</u> 37, 10-37, 10-7, 17-7 |
|   | <del> </del>                          | · ·         | <del> </del>                                     |                   |               |                                    |
|   | <del> </del>                          |             | <del>                                     </del> |                   |               |                                    |
|   |                                       | <del></del> | <del> </del>                                     | <del></del>       | <del></del>   |                                    |
|   | <u> </u>                              | MATE        | RIAL DISPOS                                      | SITION            | <del></del> . |                                    |
|   | <del></del>                           |             |  | <del></del>       | ·             | V)// (1) ()                        |
| □ RECLAMATION □ I                               | NCINERA                               | TION        | D LAN  | DFILL             | HTO           | ER (Specify) DUMP                  |
| ADDITIONAL INFORMATION:                         | ·<br>·                                |             |  |                   | •             |                                    |
|   | <del></del>                           | C           | ERTIFICATION                                     | )N                | <del></del>   |                                    |
| GENERATOR DATE S                                | SHIPPED                               |             |  |                   | ATION COD     | E NO                               |
| COMPANY NAME                                    | ·                                     | <u></u>     |  | ST                | ATE I.D. NO.  |                                    |
| ADDRESS   | · · · · · · · · · · · · · · · · · · · | <del></del> |  | PU                | RCHASE OR     | DER                                |
| CITYThis is to certify that the above named r   |                                       |             |  |                   |               | PHONE                              |
| transportation according to the applica         |                                       |             |  |                   |               |                                    |
| Signature Wyn Co                                | 305                                   |             | Name WA  | YNE 1             | WATS          | ON Phone 455-6391                  |
| TRANSPORTER                                     | :                                     |             | •  | A IDENTIFIC       | ATION NO      |                                    |
| COMPANY   |                                       |             | <u> </u>   |                   |               | DE                                 |
| ADDRESS   | 176                                   |             |  | JO                | B I.D. NO     |                                    |
| CITY  |                                       | STATE       |  |                   | ZIP           | PHONE                              |
| This is to certify acceptance of the abo        | ve materials                          | -           | •  |                   |               |                                    |
| Signature                                       | <del> </del>                          | Print I     | Name   |                   |               | Date Received                      |
| TREATMENT/DISPOSAL FACILITY COMPANY SOLL THE UP | VT(A)                                 | Dum         | 7  |                   |               | E NO                               |
| ADDRESS   | 7 7 0 7 0                             | <u> </u>    |  |                   | B NO          |                                    |
| CITY DAYTUN                                     |                                       | STATE C     | A10  | <del></del>       | ZIP           | PHONE                              |
| This is to certify completion of treatmen       |                                       |             |  |                   |               |                                    |
| your records. Forward white copy to             | generator.                            |             |  |                   |               |                                    |
| Signature                                       |                                       | Print I     | Name   |                   |               | Date                               |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

NO.

| EMERGENCY INFORMATION  | SCALE INFORMATION                            |  |  |
|--|--|--|--|
| IMMEDIATE RESPONSE INFORMATION   | #5   |  |  |
| (12.) (1-7   | 7.5  |  |  |
| NON HAZ  |  |  |  |
| $\left( \begin{array}{cccccccccccccccccccccccccccccccccccc$                                      | NET WT.                                      |  |  |
| IN CASE OF EMERGENCY, NOTIFY: William ( 1880)  | TRAILER NO. TRACTOR NO.                      |  |  |
|  |  |  |  |
| SHIPPING INFORMATION   |  |  |  |
| D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN  | IER TYPE   MATERIAL DESCRIPTION              |  |  |
|  |  |  |  |
| INDN HAZ 30 YOS BOX  | ( SCRAP WOOD                                 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| MATERIAL DISPOSITION   |  |  |  |
|  | Oum  |  |  |
| □ RECLAMATION □ INCINERATION □ LANDFILL  | □ OTHER (Specify)///////                     |  |  |
| ADDITIONAL   |  |  |  |
| INFORMATION:   |  |  |  |
| CERTIFICATION  |  |  |  |
| GENERATOR DATE SHIPPED 8-22-92 EPA IDENTIFICA  | ATION CODE NO.                               |  |  |
| COMPANY NAME STA   |  |  |  |
| ADDRESSPUF CITYSTATEZ  | RCHASE ORDER                                 |  |  |
| CITY STATE 2   | ZIP PHONE                                    |  |  |
| This is to certify that the above named materials are properly classified, described, packaged,  |  |  |  |
| transportation according to the applicable regulations of the Department of Transportation a     |  |  |  |
| Signature Cliffy Class Print Name WAYNE W  | A7500 Phone 455-639/                         |  |  |
|  | ATION NO.                                    |  |  |
|  | ATE I.D. CODE                                |  |  |
|  | B I.D. NO                                    |  |  |
|  | ZIPPHONE                                     |  |  |
| This is to certify acceptance of the above materials for shipment. Keep pink copy for your re    |  |  |  |
| Signature Print Name   | Date Received                                |  |  |
|  | ATION CODE NO                                |  |  |
|  | 3 NO.  |  |  |
|  | ZIP PHONE                                    |  |  |
| This is to certify completion of treatment, storage, reclamation, or disposal in compliance with | •  |  |  |
| your records. Forward white copy to generator. Processing of your invoice will begin up          | pon receipt of signed copy of this manifest. |  |  |
| Signature Print Name   | Date   |  |  |



| NO. | 1 |
|-----|---|
|-----|---|

| EMERGENCY INFORMATION   |                          |  |               | SCALE INFORMATION |  |  |
|---|--------------------------|--|---------------|-------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION  |                          |  |               |                   |  |  |
|   |                          |  |               |                   |  |  |
|   | NON                      | 11/12  |               |                   |  |  |
|   |                          |  |               | NET               | WT.                                    |  |
| N. O. O. E.                               |                          | 120/   |               |                   |  |  |
| IN CASE OF EMERGENCY, NO  | ) I IFY: (A LOLLAGIA     | - WYG  | 2             | IRAI              | LER NO. TRACTOR NO.                    |  |
|   | - <del></del>            | <del></del>  | ·             |                   |  |  |
| \$ ~  | SHIPPI                   | NG INFORM  | IATION        |                   |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS             | QUANTITY   | CONTAIN       | IER TYPE          | MATERIAL DESCRIPTION                   |  |
|   | 177.27112 02,100         | GO/MIT   |               |                   | With Edward Bessellin Front            |  |
|   | NON HAZ                  | 30 YOS   | BOX           | /                 | SCRAP WOOD                             |  |
|   |                          |  |               |                   |  |  |
|   | <del></del>              |  |               |                   |  |  |
| <u> </u>  |                          |  |               | · · · · · ·       |  |  |
|   |                          |  |               | <u> </u>          |  |  |
|   |                          |  | •             |                   |  |  |
|   | MATE                     | RIAL DISPO   | SITION        |                   |  |  |
| □ RECLAMATION □ I   | NCINERATION              | - LAN  | DFILL         | □ OTH             | ER (Specify) DUMP                      |  |
| ADDITIONAL  | <del></del>              |  |               |                   |  |  |
| INFORMATION:  |                          |  |               |                   | ·· · · · · · · · · · · · · · · · · · · |  |
|   |                          |  |               |                   |  |  |
|   |                          | ERTIFICATIO  |               |                   |  |  |
| 1   |                          | and the second s |               |                   | E NO                                   |  |
| COMPANY NAME  | <del></del>              |  | ST/           | ATE I.D. NO.      |  |  |
| ADDRESS   | STATE                    | <del></del>  | PU            | HCHASE OF         | PHONE                                  |  |
| This is to certify that the above named n                                     | •                        |  |               |                   |  |  |
| transportation according to the applica                                       | ble regulations of the D | epartment of Tr  | ansportation  | and the EPA       | . Keep gold copy for your records.     |  |
| Signature Little La California  | Print I                  | Name WA  | YNE L         | JA 150            | Phone 455-639/                         |  |
| TRANSPORTER   |                          |  |               |                   |  |  |
| COMPANY   |                          |  |               |                   | DE                                     |  |
| ADDRESS   | E                        |  |               |                   |  |  |
| CITY  | STATE                    |  |               |                   | PHONE                                  |  |
| This is to certify acceptance of the abo                                      | ve materials for shipme  | nt. Keep pink co   | py for your r | ecords. App       | ropriate placards were offered.        |  |
| Signature   | Print I                  | Name   | ·<br>         |                   | Date Received                          |  |
| TREATMENT/DISPOSAL FACILITY   | · /                      | EP   | A IDENTIFIC   | ATION COD         | E NO                                   |  |
| COMPANY SOUTH UM  | TYTON DUD                |  | ST/           | ATE I.D. NO.      |  |  |
| ADDRESS AVATOR  |                          | 4//  | JOI           | B NO              |  |  |
| CITY 2017 OIV   | STATE (                  | 1770   |               |                   | PHONE                                  |  |
| This is to certify completion of treatmer your records. Forward white copy to |                          |  |               |                   |  |  |
| Signature   |                          |  |               | -                 | Date                                   |  |
| oignature   | Print I                  | vame   |               |                   | Uate                                   |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

NO. □ □□□∃

| EMERGENCY INFORMATION                     |              |                                       |              |                                       | SCALE INFORMATION                     |                                       |  |
|---|--------------|---------------------------------------|--------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION            |              |                                       |              |                                       |                                       |                                       |  |
|   |              |                                       |              |                                       |                                       |                                       |  |
|   |              |                                       |              |                                       |                                       |                                       |  |
|   | NON          | U HAZ                                 |              |                                       |                                       |                                       |  |
|   |              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |              | NEI                                   | WT                                    |                                       |  |
| IN CASE OF EMERGENCY, NO                  | TIFY: Wayne  | Carks                                 | ·            | TRAI                                  | LER NO. TRACTOR N                     | 10.                                   |  |
|   |              |                                       | ·            |                                       |                                       |                                       |  |
|   |              |                                       |              | <del></del>                           |                                       |                                       |  |
| **  | SHIPPI       | NG INFORM                             | ATION        | · · · · · · · · · · · · · · · · · · · | <del> </del>                          |                                       |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS | QUANTITY                              | CONTAIN      | ER TYPE                               | MATERIAL DESCRIPTI                    | ON                                    |  |
|   | NON HAZ      | 30 YOS                                | BOX          | /<br>                                 | SCRAP WOOD                            | 0                                     |  |
|   |              |                                       | <b>'</b>     |                                       |                                       |                                       |  |
|   | <del> </del> | <del> </del>                          |              |                                       |                                       |                                       |  |
| <b></b>                                   | <del> </del> | ļ                                     |              | <del></del>                           |                                       |                                       |  |
|   |              |                                       | L <u></u>    |                                       | ·                                     |                                       |  |
|   |              |                                       |              |                                       | ·                                     |                                       |  |
|   | MATEI        | RIAL DISPOS                           | SITION       |                                       | · · · · · · · · · · · · · · · · · · · |                                       |  |
| □ RECLAMATION □ I                         | NCINERATION  | □ LAN                                 | DFILL        | □ OTH                                 | ER (Specify) <i>OUMF</i>              | )                                     |  |
| ADDITIONAL                                |              |                                       |              |                                       | <del></del>                           |                                       |  |
| INFORMATION:                              | ·            |                                       |              |                                       | •                                     |                                       |  |
|   |              |                                       |              |                                       |                                       |                                       |  |
|   |              | ERTIFICATIO                           |              |                                       |                                       |                                       |  |
| L .                                       |              | •                                     |              |                                       | E NO                                  |                                       |  |
| COMPANY NAME                              | <del></del>  | <u> </u>                              | STA          | TE I.D. NO.                           |                                       |                                       |  |
| ADDRESS                                   | <del></del>  |                                       | PUF          | RCHASE OR                             | DER                                   |                                       |  |
|   |              |                                       |              |                                       |                                       |                                       |  |
| This is to certify that the above named n | _            |                                       |              |                                       |                                       |                                       |  |
| transportation according to the applica   |              |                                       |              |                                       |                                       |                                       |  |
| Signature Salpe Color                     | Print I      | Vame(                                 | It W         | 4150R                                 | Phone 453-6                           | <u> 77 _</u>                          |  |
| TRANSPORTER 🗸                             |              | EP.                                   | A IDENTIFICA | ATION NO.                             |                                       | · · · · · · · · · · · · · · · · · · · |  |
| COMPANY                                   | 111          |                                       |              |                                       | DE                                    | <del></del>                           |  |
| ADDRESS                                   | 1/6          | <u>··</u>                             | JOE          | I.D. NO                               | · · · · · · · · · · · · · · · · · · · |                                       |  |
| CITY                                      | _            |                                       |              |                                       | PHONE                                 |                                       |  |
| This is to certify acceptance of the abo  | •            | • •                                   |              | • • •                                 |                                       |                                       |  |
| Signature                                 | Print P      | Name                                  | <del> </del> | <del></del>                           | Date Received                         |                                       |  |
| TREATMENT/DISPOSAL FACILITY               | 1-1:01.01    | , EP                                  | A IDENTIFICA | ATION COD                             | E NO                                  |                                       |  |
| COMPANY SOUTH DAY                         | TON DUIN     | ————                                  | STA          | TE I.D. NO.                           |                                       |                                       |  |
| ADDRESS                                   |              |                                       |              |                                       |                                       |                                       |  |
| CITY LITY / ON                            | STATE        | .,, -                                 |              |                                       | PHONE                                 |                                       |  |
| This is to certify completion of treatmen |              |                                       |              |                                       |                                       |                                       |  |
| your records. Forward white copy to       |              |                                       |              |                                       |                                       | est.                                  |  |
| Signature                                 | Print N      | Name                                  |              |                                       | Date                                  |                                       |  |



| EMERGENCY INFORMATION   |  |                                       |                                       |                 | SCALE INFORMATION                |  |  |
|---|--|---------------------------------------|---------------------------------------|-----------------|----------------------------------|--|--|
| IMMEDIATE RESPONSE INFORMATION  |  |                                       |                                       |                 |                                  |  |  |
|   |  |                                       |                                       |                 |                                  |  |  |
|   |  |                                       |                                       |                 |                                  |  |  |
| ·   |  |                                       |                                       | NET             | WT                               |  |  |
| IN CASE OF EMERGENCY, NO  | TIEV & Aldan   | 1120                                  | n                                     | TRAI            | LER NO. TRACTOR NO.              |  |  |
| IN OAGE OF EMERICENCY, NO   | THE CALL MAY THE   |                                       | <del>,</del>                          | 1               | 22                               |  |  |
|   |  | <del></del> .                         | · · · · · · · · · · · · · · · · · · · |                 | ·                                |  |  |
|   | SHIPPI   | NG INFORM                             | ATION                                 |                 | I                                |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS   | QUANTITY                              | CONTAIN                               | NER TYPE        | MATERIAL DESCRIPTION             |  |  |
|   | 1/12   | 30 405                                | 231                                   | /               | Onlong To a grant                |  |  |
|   | JUN MAC  | 50 105                                | (22)                                  | <u> </u>        | CONCRETE F DIRT                  |  |  |
|   |  |                                       |                                       | · ,             |                                  |  |  |
|   |  | 1 21                                  |                                       | •               |                                  |  |  |
|   |  |                                       |                                       | <del> </del>    |                                  |  |  |
|   |  | · ·                                   | •                                     | <del></del>     | ·                                |  |  |
|   | <u> </u>   |                                       |                                       | •               |                                  |  |  |
|   | MATE   | RIAL DISPOS                           | SITION                                |                 |                                  |  |  |
| □ RECLAMATION □ I   | NCINERATION  | - LAN                                 | DFILL                                 | □ OTHI          | ER (Specify) <i>DUNIP</i>        |  |  |
| ADDITIONAL  |  |                                       | į.                                    |                 |                                  |  |  |
| INFORMATION:  |  |                                       |                                       | •               |                                  |  |  |
|   |  |                                       |                                       |                 |                                  |  |  |
|   |  | ERTIFICATIO                           |                                       |                 |                                  |  |  |
| GENERATOR DATES   | SHIPPED 8-3  | <u>9-92</u> ep                        |                                       |                 | E NO                             |  |  |
| COMPANY NAME  |  | <u> </u>                              | ST                                    | ATE I.D. NO.    |                                  |  |  |
| ADDRESS   |  | <del> </del>                          | PU                                    | RCHASE OR       | DER                              |  |  |
| CITY  |  | *·•                                   |                                       |                 | PHONE                            |  |  |
| This is to certify that the above named r                                     |  |                                       |                                       |                 |                                  |  |  |
| transportation according to the applica                                       | and the second s |                                       |                                       | . \             |                                  |  |  |
| Signature Asym Care   | Print N  | Name ( /////                          | ve v                                  | 117 1 301       | Phone <b>453 7</b> 63 <b>7</b> 7 |  |  |
| TRANSPORTER &   |  |                                       |                                       |                 |                                  |  |  |
| COMPANY   | <i>11</i> :  | · · · · · · · · · · · · · · · · · · · |                                       | ATE I.D. COL    | •                                |  |  |
| ADDRESS   |  |                                       |                                       | B I.D. NO       | <u>.</u>                         |  |  |
| CITY  | STATE  |                                       |                                       | ZIP             |                                  |  |  |
| This is to certify acceptance of the abo                                      |  |                                       | py for your i                         | ecoras. Appr    |                                  |  |  |
| Signature   | Print N  | Name                                  | <del></del>                           | _ <del></del> _ | Date Received                    |  |  |
| TREATMENT/DISPOSAL FACILITY   | 2V7=11\ 011  | ep.                                   |                                       |                 | E NO                             |  |  |
| COMPANY SCALIFF W   | TYTON LIU  | 111/2                                 |                                       |                 |                                  |  |  |
| ADDRESS   | STATE C  | 3411)                                 |                                       |                 | PHONE                            |  |  |
| CITY LATY ON  |  | 417                                   |                                       |                 | <i>f</i>                         |  |  |
| This is to certify completion of treatmer your records. Forward white copy to |  |                                       |                                       |                 |                                  |  |  |
|   |  | A 100 Miles                           | viiii Gegiii (                        | -Pour receibt   |                                  |  |  |
| Signature   | Print N  | name                                  |                                       |                 | Date                             |  |  |
|   |  |                                       |                                       |                 |                                  |  |  |



| IMMEDIATE RESPONSE INFORMATION  NON HAZ  IN CASE OF EMERGENCY, NOTIFY: Later L | # 5                                   |                      |
|--|---------------------------------------|----------------------|
|  |                                       |                      |
|  | NET                                   |                      |
| NI CASE OF FILEPOPHON NOTICE ( )   | NET                                   |                      |
| IN CASE OF EMEROPINOV NOTICE /   | ,                                     | WT                   |
| AN CASE OF EMERGENCY. NOTIFY: /メスルル、ニ/イス/メルコーニー  | TRAI                                  | ILER NO. TRACTOR NO. |
|  |                                       |                      |
|  |                                       |                      |
| SHIPPING INFORMATION   | · · · · · · · · · · · · · · · · · · · | <del></del>          |
| D.O.T. SHIPPING DESCRIPTION   HAZARD CLASS   QUANTITY   CONT.  | AINER TYPE                            | MATERIAL DESCRIPTION |
| NON HAZ 30 YOS BC  | $\Sigma Y$                            | CONCRETE + DIRT      |
| 1000 1110 103 103  |                                       |                      |
|  |                                       |                      |
|  | <del></del>                           | <del> </del>         |
|  |                                       | ·                    |
|  |                                       |                      |
| MATERIAL DISPOSITION   |                                       |                      |
| □ RECLAMATION □ INCINERATION □ LANDFILL  | OTH                                   | ER (Specify) DUMP    |
| ADDITIONAL   | <del></del>                           |                      |
| INFORMATION:   |                                       |                      |
|  | <u> </u>                              |                      |
| CERTIFICATION  |                                       |                      |
| GENERATOR DATE SHIPPED 8-29-92 EPA IDENTI  |                                       |                      |
|  |                                       |                      |
| ADDRESS STATE  | PURCHASE OF                           | RDER                 |
| This is to certify that the above named materials are properly classified, described, package  |                                       |                      |
| transportation according to the applicable regulations of the Department of Transportation   |                                       | * **                 |
|  |                                       | Phone 455-4391       |
|  |                                       | Thomas Caracana      |
|  |                                       | DE                   |
|  |                                       |                      |
| CITYSTATE  |                                       |                      |
| This is to certify acceptance of the above materials for shipment. Keep pink copy for yo   |                                       |                      |
| Signature Print Name   |                                       | Date Received        |
| TREATMENT/DISPOSAL FACILITY , EPA IDENTI   | FICATION COD                          | DE NO                |
| COMPANY SOUTH DAYTON OUMP  | STATE LD. NO.                         | ·                    |
| ADDRESS  | JOB NO                                |                      |
| CITY LATY 1010 STATE OFFICE  | ZIP                                   | PHONE                |
| This is to certify completion of treatment, storage, reclamation, or disposal in compliance  |                                       | · ·                  |
| your records. Forward white copy to generator. Processing of your invoice will beg   |                                       |                      |
| Signature Print Name   |                                       | Date                 |



| N | n  | <br> |   | _ |              |   |
|---|----|------|---|---|--------------|---|
| N | U. |      | 1 | 7 | $\epsilon_i$ | Ì |

| EMERGENCY INFORMATION                     |                                       |   |                                       | SCALE INFORMATION |                                  |  |
|---|---------------------------------------|---|---------------------------------------|-------------------|----------------------------------|--|
| IMMEDIATE RESPONSE INFO                   | RMATION                               |   |                                       | #5                |                                  |  |
|   |                                       |   |                                       |                   | ·                                |  |
|   | NON                                   | ) HHZ   |                                       |                   |                                  |  |
|   |                                       |   |                                       | NET               | WT                               |  |
| IN CASE OF EMERGENCY, NO                  | TIEV: / AU                            | 1 Kilar   |                                       | TRA               | LER NO. TRACTOR NO.              |  |
| IN OASE OF EMERGENCY, NO                  | 71111. 12                             | <u> </u>  |                                       | 1107              | recitivo.                        |  |
|   |                                       |   |                                       | <u> </u>          |                                  |  |
|   | SHIPI                                 | PING INFORM                                       | IATION                                | <u> </u>          |                                  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS                          | QUANTITY  | CONTAIN                               | IER TYPE          | MATERIAL DESCRIPTION             |  |
|   | NON HAZ                               | 30 105  | BOX                                   |                   | CONCRETE + DIRT                  |  |
|   |                                       |   |                                       |                   |                                  |  |
|   | :                                     |   |                                       |                   |                                  |  |
|   |                                       | <del>                                      </del> |                                       | <del></del>       |                                  |  |
|   |                                       |   |                                       |                   |                                  |  |
|   | MATI                                  | ERIAL DISPOS                                      | SITION                                |                   |                                  |  |
| □ RECLAMATION □ I                         | NCINERATION                           | D LAN   |                                       |                   | ER (Specify) DUMP                |  |
| <del></del>                               | INCINERATION                          | U LAN   | DFILL                                 | חוטנו             | En (Specify)                     |  |
| ADDITIONAL INFORMATION:                   |                                       |   | · · · · · · · · · · · · · · · · · · · |                   |                                  |  |
|   | ·                                     | CERTIFICATION                                     | ) NI                                  |                   |                                  |  |
| GENERATOR DATE S                          |                                       | G 60  | <del></del>                           | ATION COD         | DE NO                            |  |
| COMPANY NAME                              |                                       |   |                                       |                   | JE NO.                           |  |
| ADDRESS                                   |                                       |   | PUI                                   | RCHASE OF         | IDER                             |  |
| CITY                                      | STATE                                 |   |                                       | ZIP               | PHONE                            |  |
| This is to certify that the above named n | *                                     |   |                                       |                   |                                  |  |
| transportation according to the applica   |                                       |   |                                       |                   | Keep gold copy for your records. |  |
| Signature Coldyn Cold                     | 200 Print                             | Name WAYA   | E WA                                  | +TSON             | Phone 455-639/                   |  |
| TRANSPORTER                               |                                       | EP  | A IDENTIFIC                           | ATION NO.         |                                  |  |
| COMPANY                                   |                                       |   | ST/                                   | ATE I.D. COI      | DE                               |  |
| ADDRESS                                   | 1/-                                   | * .   | JOI                                   | B I.D. NO         |                                  |  |
| CITY                                      | STATE _                               | <u>.                                    </u>      |                                       | ZIP               | PHONE                            |  |
| This is to certify acceptance of the abo  | ove materials for shipm               | ent. Keep pink co                                 | py for your r                         | ecords. App       | ropriate placards were offered.  |  |
| Signature                                 | Print                                 | t Name  | · ·                                   |                   | Date Received                    |  |
| TREATMENT/DISPOSAL FACILITY               |                                       | EP  | A IDENTIFIC                           |                   | DE NO                            |  |
| COMPANY SOLETH NAYT                       | TON DUMP                              |   |                                       |                   | : <u></u>                        |  |
| ADDRESS                                   |                                       |   |                                       |                   |                                  |  |
| CITY DAYTON                               | STATE $\hat{\mathcal{L}}$             | OHID  |                                       | ZIP               | PHONE                            |  |
| This is to certify completion of treatmen | nt, storage, reclamation              | n, or disposal in co                              |                                       |                   |                                  |  |
| your records. Forward white copy to       |                                       |   |                                       |                   |                                  |  |
| Signature                                 | Print                                 | t Name  | <u> </u>                              | <u> </u>          | Date                             |  |
| <del></del>                               | · · · · · · · · · · · · · · · · · · · |   |                                       |                   |                                  |  |



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|---|-----|-----|
| N | U.C | 230 |

| EMERGENCY INFORMATION                                  |           |             |                   | SCALE INFORMATION |              |                      |
|--|-----------|-------------|-------------------|-------------------|--------------|----------------------|
| IMMEDIATE RESPONSE INFORMATION                         |           |             |                   | #5                |              |                      |
|  |           | NON         | HAZ               |                   |              |                      |
|  | /         | · \         |                   |                   | NET          | WT                   |
| IN CASE OF EMERGENCY, NO                               | TIFY:     | Min         | 1 10 (42)         | 2                 | TRAI         | LER NO. TRACTOR NO.  |
|  | ·         |             |                   |                   |              |                      |
|  |           | SHIPPI      | ING INFORM        | ATION             |              |                      |
| D.O.T. SHIPPING DESCRIPTION                            | HAZAF     | RD CLASS    | QUANTITY          | CONTAIN           | IER TYPE     | MATERIAL DESCRIPTION |
|  | NON       | HAZ         | 30 YOS            | BOX               |              | CONCRETE + DIRT      |
|  |           | <del></del> | ļ                 | <br>              |              |                      |
|  |           |             | ļ                 |                   |              |                      |
|  |           |             |                   | ·                 | <u> </u>     |                      |
|  |           |             |                   |                   | ·            |                      |
|  | <u></u>   | MATE        | RIAL DISPOS       | SITION            |              |                      |
| □ RECLAMATION □ I                                      | NCINER/   | ATION       | O LAN             | DFILL             | □.OTHI       | ER (Specify) DUMP    |
| ADDITIONAL INFORMATION:                                |           |             |                   |                   |              |                      |
|  |           | C           | ERTIFICATION      | N                 |              |                      |
| GENERATOR DATE S                                       | SHIPPED _ |             |                   |                   | ATION COD    | E NO                 |
| COMPANY NAME   |           |             |                   | ST/               | ATE I.D. NO. | <u> </u>             |
| ADDRESS  |           |             |                   | PU                | RCHASE OR    | DER                  |
| CITY This is to certify that the above named r         |           | STATE       |                   |                   | ZIP          | PHONE                |
| transportation according to the applica                |           |             |                   |                   |              |                      |
| Signature / Signature                                  | 30        | Print 1     | Name 1069Y        | NE Like           | 750N         | Phone 455-639/       |
| TRANSPORTER  |           | :           |                   |                   |              |                      |
| COMPANY  |           | · ———       | <del> </del>      | ST/               | ATE I.D. CO  | DE                   |
| ADDRESS  |           | 07475       |                   | JOI               | 3 I.D. NO    | PHONE                |
| This is to certify acceptance of the abo               |           |             |                   |                   |              | •                    |
| Signature  |           |             |                   |                   |              | 1.1                  |
| TREATMENT/DISPOSAL FACILITY                            |           |             |                   | •                 |              | E NO                 |
| COMPANY SOUTH DAT                                      | TON [     | DUMP        |                   |                   |              |                      |
| ADDRESS  |           |             | 74 <i>11</i> 7    | JOI               | 3 NO         | PHONE                |
| CITY JAYTON  This is to certify completion of treatmer |           | STATE C     | or disposal in or |                   |              | · ·                  |
| your records. Forward white copy to                    |           |             |                   |                   |              |                      |
| Signature  |           | Print P     | •                 |                   | 1.2          | Date                 |



| - Al | IN | <br> |                |   |   |
|------|----|------|----------------|---|---|
| . 11 | IU |      | $\mathfrak{Z}$ | 3 | 1 |

| EMERGENCY INFORMATION                     |                |             |                                       |             | SCA         | E INFORMATION            |             |
|---|----------------|-------------|---------------------------------------|-------------|-------------|--------------------------|-------------|
| IMMEDIATE RESPONSE INFO                   | RMATIO         | N           |                                       |             | ./          |                          |             |
|   |                |             | <del>,</del>                          |             | #5          |                          |             |
|   |                | NO          | N HAZ                                 | <b>.</b>    |             |                          |             |
|   |                |             |                                       |             | NET         | WT                       |             |
|   | /              |             | 1                                     |             |             |                          |             |
| IN CASE OF EMERGENCY, NO                  | OTIFY: 🔔       | Milian      | - Citizen                             | <u></u>     | TRAI        | LER NO. TRACTOR NO       | ).          |
|   |                | <u> </u>    | <del></del>                           |             |             |                          |             |
| *   | - <del> </del> | SHIPP       | ING INFORM                            | ATION       |             |                          |             |
| D.O.T. SHIPPING DESCRIPTION               | HAZAI          | RD CLASS    | QUANTITY                              | CONTAIN     | IER TYPE    | MATERIAL DESCRIPTIO      | N           |
|   |                |             |                                       |             |             |                          |             |
|   | NON            | HAZ         | 30 YPS                                | BOX         |             | SCRAP WOOD               |             |
|   | 1,00,0         | 7 11 1      |                                       |             |             | 10/1//                   |             |
| ·   | <u> </u>       |             | <u> </u>                              |             | <del></del> |                          |             |
|   | ļ              | <u>:</u>    |                                       |             |             |                          |             |
|   |                |             |                                       |             |             |                          | ,           |
|   |                |             |                                       |             |             |                          |             |
|   | <del> </del>   | MATE        | RIAL DISPOS                           | SITION      |             |                          | <del></del> |
| □ RECLAMATION □ I                         | NCINER.        | ATION       | □ LAN                                 | DFILL       | _ OTH       | ER (Specify) <u>OUMI</u> |             |
|   | TO THE TE      | A11011      | 2 2/1141                              | DI ILL      |             | err (opcomy)             |             |
| ADDITIONAL                                |                |             |                                       |             |             | •                        |             |
| INFORMATION:                              | <del></del>    | <del></del> | · · · · · · · · · · · · · · · · · · · |             |             |                          |             |
|   |                | С           | ERTIFICATIO                           | )N          |             | <del></del>              |             |
| GENERATOR DATE S                          | SHIPPED _      | 8-20        | 9-92 EP                               | A IDENTIFIC | ATION COD   | E NO                     |             |
| COMPANY NAME                              |                |             |                                       |             |             |                          |             |
| ADDRESS                                   |                |             |                                       | PUI         | RCHASE OF   | DER                      |             |
| CITY                                      |                |             |                                       |             |             |                          |             |
| This is to certify that the above named r |                |             |                                       | -           |             |                          |             |
| transportation according to the applica   |                |             |                                       |             |             |                          |             |
| Signature (Lagrandian)                    | 600            | Print       | Name WAYN                             | t W         | 475CN       | Phone <u>455-C.39</u>    | <u>′_</u>   |
| TRANSPORTER /                             |                |             | EP.                                   | A IDENTIFIC | ATION NO.   |                          | ·           |
| COMPANY                                   | 11             |             | •                                     |             |             | DE                       |             |
| ADDRESS                                   |                |             |                                       |             |             |                          |             |
| CITY                                      |                |             |                                       |             |             | PHONE                    |             |
| This is to certify acceptance of the abo  | A 1            |             |                                       |             |             |                          |             |
| Signature                                 |                | Print       |                                       |             |             | Date Received            |             |
| TREATMENT/DISPOSAL FACILITY               | <del>/</del>   | Olmo        |                                       |             |             | E NO                     |             |
| COMPANY SOUTH DAY                         | ION            | DUIII       |                                       |             |             |                          |             |
| CITY DUYTUN                               | <del> </del>   | CTATE /     | DHIO                                  |             |             | PHONE                    |             |
| This is to certify completion of treatmen | at etorage     | reclamation | or disposal in or                     |             |             |                          | v for       |
| your records. Forward white copy to       | -              |             |                                       |             |             |                          |             |
| Signature                                 |                | Print I     | Name                                  | · .         |             | Date                     |             |
|   |                |             |                                       |             |             |                          |             |



| NO |    |    |
|----|----|----|
| NO | 12 | 35 |

| EMERGENCY INFORMATION  |                            |                   |                                       | SCAI         | E INFORMATION                           |
|--|----------------------------|-------------------|---------------------------------------|--------------|---|
| IMMEDIATE RESPONSE INFO  | RMATION                    |                   |                                       | #            |   |
|  |                            |                   |                                       | 75           |   |
|  | NON                        | HAZ               |                                       |              |   |
|  |                            |                   |                                       | NET          | wT                                      |
|  |                            | 1                 |                                       |              |   |
| IN CASE OF EMERGENCY, NO   | MIFYCALLIAN                | All Carlos        | ·                                     | IRAI         | LER NO. TRACTOR NO.                     |
|  |                            |                   |                                       |              |   |
|  | SHIPPI                     | NG INFORM         | ATION                                 | <del></del>  |   |
| D.O.T. SHIPPING DESCRIPTION  | HAZARD CLASS               | OLIANTITY         | CONTAIN                               | IED TVDE     | MATERIAL DESCRIPTION                    |
| D.O. T. OTHER INCO DESCRIPTION   | : ITAZARD CLASS            | GOANTI            | CONTAIN                               |              | MIATERIAE DESCRIPTION                   |
|  | NON HHZ                    | 30 1/05           | BOX                                   |              | SCRAP WOOD                              |
|  | NOW MILE                   |                   | 100                                   |              | JENNI WOOD                              |
| · · · · · · · · · · · · · · · · · · ·  |                            |                   |                                       | <del> </del> |   |
|  |                            |                   |                                       | ·            |   |
|  |                            |                   |                                       |              |   |
|  |                            |                   | · · · · · · · · · · · · · · · · · · · | _ :          |   |
|  | MATE                       | RIAL DISPOS       | SITION                                | <del></del>  |   |
| - DECLAMATION  | <del></del>                |                   |                                       | - ÖTU        | -DID IN DUDIO                           |
| □ RECLAMATION □ I  | NCINERATION                | □ LAN             | )FILL                                 | OIH          | ER (Specify) DU////                     |
| ADDITIONAL   |                            |                   |                                       |              |   |
| INFORMATION:   | ·                          |                   | · <del></del>                         |              |   |
| <del></del>  |                            | ERTIFICATIO       | )N                                    |              | <del></del>                             |
| GENERATOR DATE S   |                            |                   |                                       | ATION COD    | E NO                                    |
| COMPANY NAME   | SHIPPEDZ                   | EP                | A IDENTIFIC<br>STA                    | ATFID NO     | ENO.                                    |
| COMPANY NAME   |                            |                   | PUI                                   | RCHASE OR    | DER                                     |
| CITY   | STATE                      |                   |                                       | ZIP          | PHONE                                   |
| This is to certify that the above named i                                      | materials are properly cla | ssified, describe | d, packaged,                          | marked and   | abeled, and are in proper condition for |
| transportation according to the applica  | ble regulations of the D   | epartment of Tra  | ansportation ;                        | and the EPA  | Keep gold copy for your records.        |
| Signature Aller Alex   | So Print N                 | Name <i>SHY</i> 1 | E list                                | HT50N        | Phone 455-639/                          |
| TRANSPORTER  |                            | EP/               | A IDENTIFIC                           | ATION NO.    |   |
| COMPANY  | <del></del>                |                   | STA                                   | ATE I.D. COL | DE                                      |
| ADDRESS  | 4/                         |                   |                                       |              |   |
| CITY   | STATE                      |                   |                                       |              | PHONE                                   |
| This is to certify acceptance of the abo                                       |                            |                   |                                       |              |   |
| Signature  | Print N                    | Name              |                                       | <del></del>  | Date Received                           |
| TREATMENT/DISPOSAL FACILITY  | Wash Dung                  | ,                 |                                       |              | E NO                                    |
| COMPANY SOLLTH DH  | YION DUMF                  | <u> </u>          | STA                                   | ATE I.D. NO. |   |
| ADDRESS  | STATE()/                   | 1/1/2             | JOE                                   | 3 NO         |   |
| CITY DAY TON   | <b>—</b> ,                 | , ,               |                                       |              | PHONE                                   |
| This is to certify completion of treatment your records. Forward white copy to |                            |                   |                                       |              |   |
|  |                            | Name              | - F                                   | ·            |   |
| Signature  | Print N                    | vame              |                                       |              | Date                                    |
| <del></del>  | <del></del>                |                   |                                       |              |   |



DM 2871 REV 11/80

# **ENVIRONMENTAL MANIFEST**

□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION   |               |                |              | SCALE INFORMATION |                                       |  |
|---|---------------|----------------|--------------|-------------------|---------------------------------------|--|
| IMMEDIATE RESPONSE INFO   | RMATION       | ,              | •            | 1/                |                                       |  |
| · · · · · · · · · · · · · · · · · · ·   |               |                | <del>.</del> | 7/5               |                                       |  |
| Manthaz   |               |                |              |                   |                                       |  |
|   | - 1900        | 1100           | <del>-</del> | Í                 |                                       |  |
|   |               | ·              |              | NET.              | W1                                    |  |
| IN CASE OF EMERGENCY, NO  | TIFY:         |                |              | TRAI              | LER NO. TRACTOR NO.                   |  |
|   | 1 / 2011      | 1.1            | · .          | }                 |                                       |  |
|   | 4//18         |                | _            |                   | · · · · · · · · · · · · · · · · · · · |  |
|   | SHIPPI        | NG INFORM      | ATION        |                   | · · · · · · · · · · · · · · · · · · · |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS  | QUANTITY       | CONTAIN      | NER TYPE          | MATERIAL DESCRIPTION                  |  |
|   | Montha        | 30400          | BOX          |                   | Scholebos .                           |  |
|   |               |                | :            |                   |                                       |  |
|   |               |                |              |                   |                                       |  |
| <u> </u>  |               |                |              |                   | · · · · · · · · · · · · · · · · · · · |  |
|   |               |                |              |                   |                                       |  |
| :   |               |                |              | •                 |                                       |  |
|   | MATE          | RIAL DISPOS    | SITION       |                   | <u> </u>                              |  |
| □ RECLAMATION □ I   | NCINERATION   | □ LAN          | DFILL        | □ OTHI            | ER (Specify)                          |  |
| ADDITIONAL  |               |                |              |                   |                                       |  |
| INFORMATION:  |               |                | •            |                   |                                       |  |
|   |               |                |              |                   |                                       |  |
|   |               | ERTIFICATIO    |              | · / / ·           |                                       |  |
| GENERATOR DATES   | HIPPED 4-8-92 | EP             | A IDENTIFIC  | ATION COD         | ENO. <u>DIDDIOFO 850/</u>             |  |
| COMPANY NAME DECOMPANY  | // ~          |                |              | ATE I.D. NO.      |                                       |  |
| ADDRESS 1400 WIXWSIN  |               | 1/11           |              | RCHASE OR         |                                       |  |
| CITY INGION   | STATE #       | •              |              | ZIP 4/5-10        |                                       |  |
| This is to certify that the above named network transportation according to the applica | •             |                |              |                   |                                       |  |
| ( he alpha  |               | $\sim 10^{-1}$ | ansportation | and the ErA.      | Phone <u>456-6391</u>                 |  |
| Signature (MUNIV)   | Print I       |                | 11/4/2       |                   |                                       |  |
| TRANSPORTER   |               | EP             | A IDENTIFIC  | ATION NO.         | ·                                     |  |
| COMPANY   | ·             |                |              |                   | DE                                    |  |
| ADDRESS   |               |                | JO           | B I.D. NO         | DUONE.                                |  |
| This is to certify acceptance of the abo  |               |                |              |                   | PHONE                                 |  |
| 7   |               | • •            |              |                   |                                       |  |
| Signature   | Print I       | Name           |              | <del></del>       | Date Received                         |  |
| TREATMENT/DISPOSAL FACILITY COMPANY   | WDrik         |                |              |                   | E NO                                  |  |
| ADDRESS   |               |                |              |                   |                                       |  |
| CITY DOLOTEN  | STATE         |                |              |                   | PHONE                                 |  |
| This is to certify completion of treatmen   |               |                |              |                   |                                       |  |
| your records. Forward white copy to   |               |                |              |                   | ·                                     |  |
| Signature   | Print N       | Name           |              | <u> </u>          | Date                                  |  |



DM 2871 REV 11/80

# **ENVIRONMENTAL MANIFEST**

□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| EMERGENCY INFORMATION                     |  |                   |                                       |                                       | SCALE INFORMATION  |  |  |  |  |
|---|--|-------------------|---------------------------------------|---------------------------------------|--|--|--|--|--|
| IMMEDIATE RESPONSE INFO                   | RMATION  |                   |                                       | #5                                    |  |  |  |  |  |
|   |  |                   |                                       |                                       |  |  |  |  |  |
|   | NON  | ) ////2           | <u> </u>                              |                                       |  |  |  |  |  |
| }   | ì  | , ì               |                                       | NET                                   | WT   |  |  |  |  |
| IN CASE OF EMERGENCY, NO                  | TIFY: L. M.  | 11/20             | (1)                                   | TRA                                   | ILER NO. TRACTOR NO.   |  |  |  |  |
| IN CASE OF EMERGENCY, NO                  | TIFT. LA LANGE   |                   | · · · · · · · · · · · · · · · · · · · | 1116                                  | THAT ON NO.  |  |  |  |  |
|   |  |                   |                                       | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| SHIPPING INFORMATION                      |  |                   |                                       |                                       |  |  |  |  |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS   | QUANTITY          | CONTAIN                               | ER TYPE                               | MATERIAL DESCRIPTION   |  |  |  |  |
|   | NON HAZ  | 30 405            | 190)                                  | (                                     | SCRAP WOOD   |  |  |  |  |
|   |  | 4.                |                                       | • .                                   |  |  |  |  |  |
|   | ·  |                   |                                       |                                       |  |  |  |  |  |
|   |  |                   |                                       | <del></del>                           |  |  |  |  |  |
|   |  |                   |                                       | <del></del>                           |  |  |  |  |  |
| <u> </u>                                  | MATE   | RIAL DISPOS       | EITION                                | •                                     | 1  |  |  |  |  |
|   | - <del></del>  | <del></del>       | <del>-, </del>                        |                                       | FR (Specify) OUMP  |  |  |  |  |
| □ RECLAMATION □ I                         | NCINERATION  | □ LAN             | DFILL                                 | потн                                  | ER (Specify)   |  |  |  |  |
| ADDITIONAL INFORMATION:                   |  |                   | · · · · · · · · · · · · · · · · · · · |                                       |  |  |  |  |  |
|   | C  | ERTIFICATIO       | NN -                                  | <del>`</del>                          |  |  |  |  |  |
| GENERATOR DATE S                          | SHIPPED 9-9-   | 72                | <del></del>                           | ATION COE                             | DE NO  |  |  |  |  |
| COMPANY NAME                              |  | •                 |                                       |                                       | DE NO.   |  |  |  |  |
| ADDRESS                                   |  |                   |                                       |                                       | RDER   |  |  |  |  |
|   | STATE  |                   |                                       | ZIP                                   | PHONE  |  |  |  |  |
| This is to certify that the above named n |  |                   | -                                     |                                       | and the second of the second o |  |  |  |  |
| transportation according to the applica   | ble regulations of the D   | epartment of Tra  | ansportation a                        | and the EPA                           | Keep gold copy for your records.   |  |  |  |  |
| Signature Myn La                          | Print N  | Name WAY          |                                       |                                       |  |  |  |  |  |
| TRANSPORTER                               | ٠.   | EP.               |                                       |                                       |  |  |  |  |  |
| COMPANY                                   | 27/  | <del></del>       |                                       |                                       | DE   |  |  |  |  |
| ADDRESS                                   | //   |                   | JOE                                   |                                       |  |  |  |  |  |
| CITY                                      | and the second s |                   |                                       |                                       | PHONE  |  |  |  |  |
| This is to certify acceptance of the abo  | ve materials for shipmer   | nt. Keep pink co  | py for your re                        | ecoras. App                           |  |  |  |  |  |
| Signature                                 | Print N  | Name              | <del></del>                           | <del></del>                           | Date Received  |  |  |  |  |
| TREATMENT/DISPOSAL FACILITY               | VTON MAL   | MP EP.            |                                       |                                       | DE NO  |  |  |  |  |
| COMPANY JOU / IT ///                      | 1/VIU DAVE   | ///               |                                       |                                       |  |  |  |  |  |
| ADDRESS CITY DITTON                       | STATE Q  | 410               |                                       |                                       | PHONE  |  |  |  |  |
| This is to certify completion of treatmen |  | or disposal in as |                                       | -                                     |  |  |  |  |  |
| your records. Forward white copy to       |  |                   |                                       |                                       |  |  |  |  |  |
| Signature                                 | Print N  | Name              |                                       | ·                                     | Date   |  |  |  |  |



OM 2871 REV 11/80

#### **ENVIRONMENTAL MANIFEST**

|     | 1 | n |  |   |   |   |
|-----|---|---|--|---|---|---|
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| EMERGENCY INFORMATION   |                           | ·                  | <del></del> | SCA          | E INFORMATION         |
|---|---------------------------|--------------------|-------------|--------------|-----------------------|
| IMMEDIATE RESPONSE INFORMATION  |                           |                    |             | #5           |                       |
|   |                           |                    |             | // 3         |                       |
|   | NON                       | HAZ                |             |              | •                     |
|   |                           |                    |             | NET          | WT                    |
|   | <del></del>               | 1 10 1/2 5         |             | ł            |                       |
| IN CASE OF EMERGENCY, NO  | TIFY: Accept              | CALE-RELA          |             | I - IHAI     | LER NO. TRACTOR NO.   |
| <del></del>   | ·                         | <del></del>        |             |              |                       |
| 5   | SHIPPI                    | NG INFORM          | ATION       | <del> </del> | <del></del>           |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS              | QUANTITY           | CONTAIN     | NER TYPE     | MATERIAL DESCRIPTION  |
| Distriction and Description   | TIAZAND OZAGO             | 20/                | CONTAIN     |              | WATERIAL BESSELL TION |
|   | NON HAZ                   | 30 YOS             | BOX         | /            | SCRAP WOOD            |
|   |                           |                    |             |              |                       |
|   |                           |                    |             |              |                       |
|   |                           |                    |             | <del></del>  |                       |
|   |                           | ·                  | <br>        | <del></del>  |                       |
|   |                           |                    |             | •            |                       |
|   | MATE                      | RIAL DISPOS        | SITION      |              |                       |
| □ RECLAMATION □ I   | NCINERATION               | - LAN              | OFILL       | □ОТН         | ER (Specify) DUMP     |
| ADDITIONAL  |                           |                    |             |              |                       |
| INFORMATION:  |                           |                    |             |              |                       |
|   |                           |                    |             |              |                       |
|   |                           | ERTIFICATIO        |             |              |                       |
| 1   | SHIPPED _ 4~/d            | -95- EP            | A IDENTIFIC | ATION COD    | E NO                  |
| COMPANY NAME  | <del></del>               | <del></del>        | ST          | ATE I.D. NO. |                       |
| ADDRESS   | <del></del>               |                    |             |              | DER                   |
|   |                           |                    |             |              | PHONE                 |
| This is to certify that the above named network transportation according to the applications. |                           |                    |             |              |                       |
| Signature Min. Caracteristics   | big regulations of the bi | epartificition 11. | ALF /       | )A 750       | 10 Phone 455-6391     |
| Signature(2010)   | Print P                   |                    |             |              |                       |
| TRANSPORTER   | **                        |                    |             |              |                       |
| COMPANY   | 7/5                       |                    |             |              | DE                    |
| ADDRESS   | 1/ = 07175                | <del></del>        | JO          | B I.D. NO    | PHONE                 |
| This is to certify acceptance of the abo  | STATE                     |                    |             |              | -                     |
| Signature   | •                         | • •                |             |              |                       |
| TREATMENT/DISPOSAL FACILITY   |                           | FP.                | A IDENTIFIC | ATION COD    | E NO                  |
| COMPANY SOUTH OMY   | TON DUINP                 |                    |             |              |                       |
| ADDRESS,  |                           |                    | JO          | B NO         |                       |
| CITY WHY TON  | STATE 🕗                   | 410                |             | ZIP          | PHONE                 |
| This is to certify completion of treatmen   | <u>-</u>                  |                    |             |              | .                     |
| your records. Forward white copy to   | - T                       |                    | -           | **           |                       |
| Signature   | Print N                   | Name               |             | <del></del>  | Date                  |



| N  | N  |  |       |   |   |   |
|----|----|--|-------|---|---|---|
| 14 | U. |  | - ( 1 | / | 2 | Ì |

| EMERGENCY INFORMATION   |                          |                  | SCA                  | LE INFORMATION                   |  |  |
|---|--------------------------|------------------|----------------------|----------------------------------|--|--|
| IMMEDIATE RESPONSE INFO   | RMATION                  |                  | H                    |                                  |  |  |
| · /   |                          |                  |                      |                                  |  |  |
| 16. 1/22  |                          |                  |                      |                                  |  |  |
|   | 7. 72                    |                  | NET                  | WT                               |  |  |
|   |                          |                  |                      |                                  |  |  |
| IN CASE OF EMERGENCY, NO  | TIFY:                    | <del>/</del>     | TRA                  | ILER NO. TRACTOR NO.             |  |  |
|   | - 4 MAG                  |                  | · · ·                |                                  |  |  |
|   | SHIDDI                   | NG INFORM        | ATION                |                                  |  |  |
|   |                          |                  |                      | <del></del>                      |  |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS             | QUANTITY         | CONTAINER TYPE       | MATERIAL DESCRIPTION             |  |  |
|   | Mostle                   | 90100            | Box.                 | Scendulos)                       |  |  |
|   |                          | / .              |                      |                                  |  |  |
|   |                          |                  |                      |                                  |  |  |
|   | <u> </u>                 |                  |                      |                                  |  |  |
|   | · ·                      |                  | <u> </u>             |                                  |  |  |
|   |                          | ·                |                      |                                  |  |  |
|   | MATE                     | RIAL DISPOS      | SITION               |                                  |  |  |
| □ RECLAMATION □ II  | NCINERATION              | ₽ LANI           | OFILL OTH            | ER (Specify)                     |  |  |
| ADDITIONAL INFORMATION:   |                          |                  |                      |                                  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | CI                       | ERTIFICATIO      | N N                  |                                  |  |  |
| GENERATOR DATES   |                          |                  |                      | DE NO. Q. DU 6528361             |  |  |
|   | 119515                   | · ·              | STATE I.D. NO.       | ·                                |  |  |
| ADDRESS 14/20115 Cans   |                          |                  | PURCHASE OF          |                                  |  |  |
| CITY DOLATIN  |                          | 14/0             |                      | 0/ PHONE 255 (39/                |  |  |
| This is to certify that the above named n                                     |                          |                  |                      |                                  |  |  |
| transportation according to the applica                                       | ble regulations of the D | epartment of Tra | - A/-                | Keep gold copy for your records. |  |  |
| Signature Musi Nou  | Print N                  | Name 1804        | SIVEU                | Phone 735-639/                   |  |  |
| TRANSPORTER   |                          | EP               | A IDENTIFICATION NO. |                                  |  |  |
| COMPANY   | <del> </del>             | <del></del>      | STATE I.D. CO        | TATE I.D. CODE                   |  |  |
| ADDRESS   |                          |                  | JOB I.D. NO          |                                  |  |  |
| CITY  |                          |                  | ZIP                  |                                  |  |  |
| This is to certify acceptance of the abo                                      |                          |                  |                      | _ ` ` · · ·                      |  |  |
| Signature   | Print l                  | Name             |                      | Date Received                    |  |  |
| TREATMENT/DISPOSAL FACILITY   | 3.                       | EP               | A IDENTIFICATION COD | DE NO                            |  |  |
| COMPANY SOLFFE  | Dodfhi                   |                  | STATE I.D. NO.       | · <del></del>                    |  |  |
| ADDRESS   | <del></del>              | 177              | JOB NO               |                                  |  |  |
| CITY. DITTON  | STATE 🚄                  |                  | 4.5                  | PHONE                            |  |  |
| This is to certify completion of treatmen your records. Forward white copy to |                          |                  |                      |                                  |  |  |
|   |                          |                  |                      | Date                             |  |  |
| Signature   | Print N                  | vame             |                      | Date                             |  |  |



| N | 0.⊏ | 77                |
|---|-----|-------------------|
|   |     | <br>$\overline{}$ |

| EMERGENCY INFORMATION                      | ,             | <del></del>                           |                                       | SCAL                                  | E INFORMATION        |
|--|---------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------|
| IMMEDIATE RESPONSE INFORMATION /           |               |                                       |                                       | 4/                                    |                      |
|  |               |                                       |                                       | 4/5                                   |                      |
|  | Joseph        | 1/12                                  |                                       |                                       | * *                  |
|  | 7//,0         |                                       |                                       | NET                                   | M/T                  |
|  |               |                                       |                                       | NEI                                   | VV 1.                |
| IN CASE OF EMERGENCY, NO                   | TIFY:         | 7.6                                   | <del>/</del>                          | TRAI                                  | LER NO. TRACTOR NO.  |
|  |               | Mark.                                 |                                       | <u>.</u>                              |                      |
|  |               | NO INFORM                             | ATION                                 | l                                     |                      |
|  | SHIPPI        | NG INFORM                             | ATION                                 |                                       |                      |
| D.O.T. SHIPPING DESCRIPTION                | HAZARD CLASS  | QUANTITY                              | CONTAIL                               | NER TYPE                              | MATERIAL DESCRIPTION |
|  | <del></del>   |                                       | 2.                                    | · · · · · · · · · · · · · · · · · · · |                      |
|  | 11004112      | 100                                   | 12                                    |                                       | SCAPLED              |
|  |               |                                       |                                       |                                       |                      |
|  |               |                                       |                                       | <del> </del>                          |                      |
|  | ·             |                                       |                                       | <del></del>                           |                      |
|  |               |                                       |                                       |                                       |                      |
|  |               |                                       |                                       |                                       |                      |
|  | MATE          | RIAL DISPOS                           | SITION                                | <del> </del>                          |                      |
| D DECLAMATION D                            | LOINEDATION   | LAN                                   | DEU 1                                 | COTU                                  | ED (Capality)        |
|  | NCINERATION   | Z LAN                                 | DFILL                                 | ПОТН                                  | ER (Specify)         |
| ADDITIONAL<br>INFORMATION:                 |               | 41. J                                 |                                       |                                       |                      |
|  |               |                                       |                                       |                                       |                      |
|  |               | ERTIFICATIO                           |                                       |                                       | A) (/ ) a / ( ) a    |
| 1 · · · · · · · · · · · · · · · · · · ·    | HIPPED G 14.4 |                                       |                                       |                                       |                      |
| COMPANY NAME                               | 1813<br>NB-D  | · · · · · · · · · · · · · · · · · · · |                                       | ATE I.D. NO.                          |                      |
| CITY DATION                                | STATE D       | 14 18                                 | PL                                    | IRCHASE OR                            | DER PHONE            |
| This is to certify that the above named m  |               |                                       |                                       |                                       | ·                    |
| transportation according to the applical   |               |                                       |                                       |                                       |                      |
| $( )_{\alpha}, \alpha / \lambda / \ldots$  |               | · · · · · · · · · · · · · · · · · · · | ASIDA                                 | / -                                   | Phone 4 34/          |
| Signature \( \square \( \square \)         | Print i       | valino                                |                                       |                                       |                      |
| TRANSPORTER                                |               | EP.                                   |                                       |                                       |                      |
| ADDRESS                                    |               |                                       |                                       | •                                     | DE                   |
| CITY -                                     | STATE         |                                       |                                       |                                       | PHONE                |
| This is to certify acceptance of the about |               |                                       | · · · · · · · · · · · · · · · · · · · |                                       |                      |
| Signature                                  |               | Name                                  |                                       |                                       | Date Received        |
|  | FINIL         |                                       |                                       |                                       |                      |
| COMPANY SOUTH DESTINA                      | 1 Can Delin   |                                       |                                       |                                       | E NO                 |
| ADDRESS                                    |               |                                       |                                       | B NO                                  |                      |
| CITY DOLLTON                               | STATE 1       | 4/0                                   |                                       |                                       | PHONE                |
| This is to certify completion of treatmen  |               | or disposal in co                     |                                       |                                       |                      |
| your records. Forward white copy to        |               |                                       |                                       |                                       |                      |
|  | Print I       |                                       |                                       |                                       |                      |
|  |               |                                       |                                       |                                       |                      |



OM 2871 REV 11/80

# **ENVIRONMENTAL MANIFEST**

□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

NO.

| EMERGENCY INFORMATION                           | <del></del>                            |                  |   | SCAL                                    | E INFORMATION                  |
|---|--|------------------|---|---|--------------------------------|
| IMMEDIATE RESPONSE INFO                         | RMATION                                |                  |   |   |                                |
|   |  | <del>-//</del>   |   |   |                                |
|   | 1/0%                                   | 1/11/2           |   |   |                                |
|   | <del></del>                            |                  |   | NET                                     | WT                             |
| IN CASE OF EMERGENCY, NO                        | TIEV                                   |                  |   | TRAI                                    | LER NO. TRACTOR NO.            |
| IN OASE OF EMERGENCY, NO                        | 1 100                                  | <del></del>      |   | • | ELITIO. III/IOTOTTIO.          |
|   | to the                                 | te -             | And the second                          |   |                                |
|   | SHIPPI                                 | NG INFORM        | ATION                                   |   |                                |
| D.O.T. SHIPPING DESCRIPTION                     | HAZARD CLASS                           | QUANTITY         | CONTAIN                                 | ER TYPE                                 | MATERIAL DESCRIPTION           |
|   | North                                  | SMX              | $B_{\partial \lambda}$                  |   | Scaroliba                      |
|   |  | //               |   |   |                                |
|   |  |                  |   |   |                                |
|   |  |                  |   |   |                                |
|   |  |                  |   |   |                                |
| ****  | MATE                                   | RIAL DISPOS      | SITION                                  | <u> </u>                                | <u> </u>                       |
| □ RECLAMATION □ II                              | NCINERATION                            | © LAN            | DFILL                                   | OTH                                     | ER (Specify)                   |
| ADDITIONAL<br>INFORMATION:                      |  |                  | . · · · · · · · · · · · · · · · · · · · |   |                                |
|   | CI                                     | ERTIFICATIO      | ON                                      |   |                                |
| GENERATOR DATE,S                                | HIPPED THE                             | EP               | A IDENTIFICA                            | ATION COD                               | ENO DE DIGO 9 8 50/            |
| COMPANY NAME F- CO CT                           | 145/5                                  | <u> </u>         | STA                                     | TE I.D. NO.                             |                                |
| ADDRESS 16/30057                                |  | 7/1/1            |   | CHASE OR                                |                                |
| CITY  This is to certify that the above named m | STATE                                  |                  |   | IP * K5/1)                              |                                |
| transportation according to the application     |  |                  | - 1                                     |   |                                |
| Signature Alley See                             | Print N                                | 1)1              | MACI                                    |   | Phone 426391                   |
| TRANSPORTER                                     |  |                  | A IDENTIFICA                            | TION NO                                 |                                |
| COMPANY   | <del> </del>                           | •                |   | , -                                     | DE                             |
| ADDRESS 1                                       |  |                  | ЈОВ                                     | I.D. NO                                 |                                |
| CITY #7   | STATE                                  | <del> </del>     | Z                                       | :IP                                     | PHONE                          |
| This is to certify acceptance of the abo        | ve materials for shipmer               | nt. Keep pink co | py for your re                          | cords. Appr                             | opriate placards were offered. |
| Signature                                       | Print N                                | lame             | ···                                     | <del></del>                             | Date Received                  |
| TREATMENT/DISPOSAL FACILITY                     | 1. 1000                                | EP.              |   |   | E NO                           |
| 1/2 //  | IN LANDER                              | <i>U</i>         |   |   |                                |
| CITY MATON                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 11111            |   |   | BUONE                          |
| This is to certify completion of treatmen       | STATE                                  | •                | •                                       |   | PHONE PHONE                    |
| your records. Forward white copy to             |  |                  |   |   |                                |
|   | Print N                                |                  |   | - :                                     | Date                           |
| <del></del>                                     |  |                  |   |   |                                |



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### **ENVIRONMENTAL MANIFEST**

□ HAZARDOUS Ø NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.□

| <b>EMERGENCY INFORMATION</b>              |   |                                       | SCA                      | LE INFORMATION   |  |
|---|---|---------------------------------------|--------------------------|--|--|
| IMMEDIATE RESPONSE INFO                   | RMATION   |                                       | 1.4-1                    |  |  |
|   |   | <del>/</del>                          |                          | •  |  |
|   | 110   | 4//2                                  |                          | ·  |  |
|   | · · · · · · · · · · · · · · · · · · ·   |                                       | NFT                      | WT   |  |
| 111 0405 05 5                             |   | <u> </u>                              |                          | •  |  |
| IN CASE OF EMERGENCY, NO                  | TIFY:   | <del> </del>                          |                          | ILER NO. TRACTOR NO.   |  |
|   | - FIMA  | 17                                    | ·                        |  |  |
|   | SHIPPI  | NG INFORM                             | ATION                    |  |  |
| DOT CHURPING DESCRIPTION                  | T .   | T                                     |                          | 14475044 05000107104   |  |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS  | QUANTITY                              | CONTAINER TYPE           | MATERIAL DESCRIPTION   |  |
|   | The sels  | 2010                                  | Car                      | Centro   |  |
|   | 1000  | 30105                                 |                          | Common   |  |
|   |   | · · · · · · · · · · · · · · · · · · · | <u> </u>                 |  |  |
|   |   |                                       |                          |  |  |
|   |   |                                       |                          |  |  |
|   |   |                                       |                          |  |  |
|   | MATEI   | RIAL DISPOS                           | SITION                   |  |  |
| □ RECLAMATION □ II                        | NCINERATION   | ₽ LANI                                | DEILL DOTH               | IER (Specify)  |  |
|   | TO THE TOTAL OF THE TAX A STATE |                                       |                          | (٥ρ٥٥),  |  |
| ADDITIONAL INFORMATION:                   |   |                                       |                          |  |  |
|   |   |                                       |                          |  |  |
|   |   | ERTIFICATIO                           |                          | 57: 32 627 (-77  |  |
| 1   | SHIPPED 7 4/ 9  |                                       |                          | DE NO. 1472000336/   |  |
| \   | 13 NALL   |                                       | STATE I.D. NO            | RDER   |  |
| CITY                                      | STATE _   | 1770                                  | PURCHASE U               | HUER PHONE   |  |
| This is to certify that the above named n | · · · · · · · · · · · · · · · · · · ·   | * .                                   |                          | and the control of th |  |
| transportation according to the applica   |   |                                       |                          |  |  |
| Signature Signature                       |   | A                                     | DNECL                    | Phone 45. 6391   |  |
| TRANSPORTER                               |   | _                                     | A IDENTIFICATION NO.     |  |  |
| COMPANY                                   |   |                                       | STATE I.D. CO            |  |  |
| ADDRESS                                   |   | :                                     | JOB I.D. NO              |  |  |
| CITY                                      | STATE   |                                       | ZIP                      | PHONE  |  |
| This is to certify acceptance of the abo  | ve materials for shipmer  | nt. Keep pink co                      | py for your records. App | propriate placards were offered.   |  |
| Signature                                 | Print I   | Name                                  | <u> </u>                 | Date Received  |  |
| TREATMENT/DISPOSAL FACILITY               |   | EP                                    | A IDENTIFICATION COI     | DE NO  |  |
| COMPANY SOFTH DEFINO LAW STATE I.D. NO.   |   |                                       |                          |  |  |
| ADDRESS                                   |   |                                       | JOB NO                   |  |  |
| CITY DAGTON                               | STATE   | 0410                                  |                          | PHONE  |  |
| This is to certify completion of treatmen |   |                                       |                          |  |  |
| your records. Forward white copy to       |   |                                       |                          |  |  |
| Signature                                 | Print N   | Vame                                  |                          | Date   |  |
|   |   | <del></del> -                         |                          |  |  |



| NO | <br> |   |    | _, |  |
|----|------|---|----|----|--|
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| EMERGENCY INFORMATION                      |   |                  |                                       | SCAL                  | E INFORMATION                  |
|--|---|------------------|---------------------------------------|-----------------------|--------------------------------|
| IMMEDIATE RESPONSE INFOR                   | RMATION                                 |                  |                                       | -#                    |                                |
|  | <del></del>                             | ·                | <del></del>                           | 73                    |                                |
|  | In the second                           | vHaz-            |                                       |                       | 1                              |
|  |   | <del></del>      |                                       | NET                   | wt                             |
| N. 0.05 05 5                               |   |                  |                                       | l '                   |                                |
| IN CASE OF EMERGENCY, NO                   | TIFY:                                   | 1111             |                                       | IHAI                  | LER NO. TRACTOR NO.            |
|  |   | HAD              |                                       |                       |                                |
|  | SHIPPI                                  | ING INFORM       | IATION                                | L                     |                                |
| D.O.T. SHIPPING DESCRIPTION                | HAZARD CLASS                            | QUANTITY         | CONTAIN                               | NER TYPE              | MATERIAL DESCRIPTION           |
| D.C. 1. OF III 1 ING DESCRIPTION           | / /                                     | QUANTITI         | CONTAI                                | VER TITE              | MATERIAL DESORITION            |
|  | Marthe                                  | 3611)5           | BOX                                   |                       | Scholilar                      |
|  | 100000                                  | 1                | <u> </u>                              |                       | 00000                          |
|  | <u> </u>                                | <del>  .</del>   | <u> </u>                              | <del></del>           |                                |
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|  |   |                  | ٠.                                    |                       |                                |
|  | • |                  |                                       |                       |                                |
|  | MATE                                    | RIAL DISPOS      | SITION                                | ·                     |                                |
| S DECLAMATION - I                          |   |                  | · · · · · · · · · · · · · · · · · · · | ~ OT!!!               |                                |
| □ RECLAMATION □ IN                         | NCINERATION                             | # LAN            | DFILL                                 | DOTH                  | R (Specify)                    |
| ADDITIONAL INFORMATION:                    |   |                  |                                       |                       |                                |
|  |   |                  |                                       | ·                     |                                |
|  |   | ERTIFICATIO      | •                                     |                       | 060-8-6-7                      |
|  | HIPPED 921                              |                  |                                       |                       | ENO. OK DEOLISS!               |
| ADDRESS                                    | · · · · · · · · · · · · · · · · · · ·   | <del></del>      |                                       |                       |                                |
| CITY DISTON                                |   | 0410             |                                       |                       | DER PHONE                      |
| This is to certify that the above named m  |   |                  |                                       |                       |                                |
| transportation according to the applicat   | •                                       |                  |                                       | and the second second |                                |
| Signature Will Aber                        |   | 1 -              | W OF                                  |                       | Phone 55-6791                  |
| TRANSPORTER                                |   |                  | A IDENTIFIC                           |                       |                                |
| COMPANY                                    |   |                  |                                       |                       | DE                             |
| ADDRESS / AD                               |   |                  | JO                                    | B I.D. NO             |                                |
| CITY                                       | STATE                                   |                  |                                       |                       | PHONE                          |
| This is to certify acceptance of the above | ve materials for shipme                 | nt. Keep pink co | py for your i                         | records. Appr         | opriate placards were offered. |
| Signature                                  | Print I                                 | Name             | <u> </u>                              |                       | Date Received                  |
| TREATMENT/DISPOSAL EACILITY                |   | EP.              | A IDENTIFIC                           | ATION COD             | E NO                           |
| COMPANY SATTA DATION L                     | AND IN                                  |                  |                                       |                       | · ·                            |
| ADDRESS                                    |   | <del>.</del>     |                                       |                       |                                |
| CITY Sty on                                |   | HIO              |                                       |                       | PHONE                          |
| This is to certify completion of treatment |   |                  |                                       |                       |                                |
| your records. Forward white copy to        |   |                  |                                       |                       |                                |
| Signature                                  | Print N                                 | Name             | <u> </u>                              |                       | Date                           |
| <del></del>                                |   |                  |                                       |                       |                                |



□ HAZARDOUS □ MASTE □ RECLAIMABLE MATL. NO.[

| EMERGENCY INFORMATION   | SCALE INFORMATION  |
|---|--|
| IMMEDIATE RESPONSE INFORMATION  | At 1   |
| 1///  | 7  |
| Last the  |  |
|   | NET WT   |
| IN CASE OF EMERGENCY, NOTIFY:   | TRAILER NO. TRACTOR NO.  |
| (Ma)  |  |
| Million   |  |
| SHIPPING INFO   | RMATION  |
| D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTI                                 | TY CONTAINER TYPE MATERIAL DESCRIPTION                           |
| Months was  | Box SCAPIJOOD  |
| 200   |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |
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| MATERIAL DISI   | POSITION   |
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| □ RECLAMATION □ INCINERATION □ L  | ANDFILL OTHER (Specify)  |
| ADDITIONAL INFORMATION:   |  |
|   |  |
| CERTIFICA   |  |
| GENERATOR DATE SHIPPED COMPANY NAME DE COMPANY NAME                             | EPA IDENTIFICATION CODE NO OLUMO FORTE                           |
| ADDRESS (Mauriscans o But)  | STATE I.D. NO  |
| CITY STATE STATE  | ZIP 4/5401 PHONE 7/16/391  |
| This is to certify that the above named materials are properly classified, desc |  |
| transportation according to the applicable regulations of the Department of     |  |
| , , , , , , , , , , , , , , , , , , ,   | Phone 45-6341  |
| TRANSPORTER   | EPA IDENTIFICATION NO.   |
| COMPANY   | STATE I.D. CODE  |
| ADDRESS 201   | JOB I.D. NO  |
|   | ZIP PHONE  |
| This is to certify acceptance of the above materials for shipment. Keep pin     |  |
| Signature Print Name  | Date Received  |
| TREATMENT/DISPOSAL FACILITY   | EPA IDENTIFICATION CODE NO.                                      |
| COMPANY DOTH DREFOU ADEM  | STATE I.D. NO.   |
| ADDRESS   | JOB NO   |
| CITY STATE OFFICE   | ZIP PHONE  |
| This is to certify completion of treatment, storage, reclamation, or disposal   | in compliance with appropriate regulations. Keep canary copy for |
| your records. Forward white copy to generator. Processing of your inv           | oice will begin upon receipt of signed copy of this manifest.    |
| Signature Print Name  | Date   |
|   |  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.[

NO.

| EMERGENCY INFORMATION                     |                           |                  |               | SCALE INFORMATION                     |                                       |
|---|---------------------------|------------------|---------------|---------------------------------------|---------------------------------------|
| IMMEDIATE RESPONSE INFORMATION            |                           |                  | #5            | ~                                     |                                       |
|   |                           |                  | 77            |                                       |                                       |
|   | NON                       | 11/12            |               |                                       |                                       |
|   | · / * * ·                 | <u></u>          | <del></del>   | NET                                   | WT                                    |
| · · · · · · · · · · · · · · · · · · ·     |                           | /) =             |               |                                       |                                       |
| IN CASE OF EMERGENCY, NO                  | DTIFYE LALLY MA           | (MOK)            | رزو           | [ TRAI                                | LER NO. TRACTOR NO.                   |
|   | <i>;</i>                  | <del></del>      | <del></del>   |                                       |                                       |
|   | SHIPPI                    | NG INFORM        | IATION        | l                                     | <del></del>                           |
| DAT CHERRING DECORPTION                   | <del> </del>              | <del></del>      |               | IED TYPE                              | MATERIAL DECORPTION                   |
| D.O.T. SHIPPING DESCRIPTION               | HAZARD CLASS              | QUANTITY         | CONTAIN       | IER TYPE                              | MATERIAL DESCRIPTION                  |
|   | NON HHZ                   | 30405            | BOX           |                                       | CINCRETE + DIRT                       |
|   |                           |                  |               |                                       |                                       |
|   |                           |                  |               |                                       | <del> </del>                          |
| <del> </del>                              | <del> </del>              |                  | <del></del>   | <del></del> .                         | <del> </del>                          |
|   |                           |                  |               | · · · · · · · · · · · · · · · · · · · |                                       |
|   |                           |                  | •             | •                                     |                                       |
|   | MATE                      | RIAL DISPOS      | SITION        |                                       |                                       |
| □ RECLAMATION □ I                         | NCINERATION               | □ LAN            | DFILL         | □ОТН                                  | ER (Specify) DUND                     |
| ADDITIONAL                                |                           |                  |               |                                       |                                       |
| INFORMATION:                              | ·                         | :                |               |                                       |                                       |
|   |                           |                  |               |                                       |                                       |
|   |                           | ERTIFICATIO      |               |                                       |                                       |
|   |                           |                  |               | •                                     | E NO                                  |
| COMPANY NAME                              | <u> </u>                  | ·· <u>·</u>      | ST.           | ATE I.D. NO.                          | · · · · · · · · · · · · · · · · · · · |
| ADDRESS                                   | STATE                     |                  |               |                                       | DER                                   |
| This is to certify that the above named r |                           |                  |               |                                       |                                       |
| transportation according to the applica   |                           |                  |               |                                       |                                       |
| Signature / Comments                      |                           |                  |               | 1776N                                 | Phone 455-639/                        |
| TRANSPORTER                               |                           |                  |               | ATION NO                              |                                       |
| COMPANY                                   |                           | Er.              |               |                                       | DE                                    |
| ADDRESS                                   | 11/                       |                  |               |                                       |                                       |
| CITY                                      | STATE                     |                  |               |                                       | PHONE                                 |
| This is to certify acceptance of the abo  | ove materials for shipmer | nt. Keep pink co | py for your r | ecords. App                           | ropriate placards were offered.       |
| Signature Date Received                   |                           |                  |               |                                       |                                       |
| TREATMENT/DISPOSAL FACILITY               | 1 200                     | O EP.            | A IDENTIFIC   | ATION COD                             | E NO                                  |
|   |                           |                  | ATE I.D. NO.  |                                       |                                       |
| ADDRESS                                   |                           | · 1/18           |               |                                       |                                       |
| CITY 1/4 Y / O/V                          | STATE                     | 1410             |               |                                       | PHONE                                 |
| This is to certify completion of treatmen |                           |                  |               |                                       |                                       |
| your records. Forward white copy to       |                           | • •              | :             |                                       |                                       |
| Signature                                 | Print N                   | Name             |               |                                       | Date                                  |



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

NO. 1346

| EMERGENCY INFORMATION   |                           |                                       |   | SCALE INFORMATION |                                     |  |
|---|---------------------------|---------------------------------------|---|-------------------|-------------------------------------|--|
| IMMEDIATE RESPONSE INFORMATION  |                           |                                       |   | **                |                                     |  |
|   | NON HAZ                   |                                       |   |                   | మైగ్రజా                             |  |
|   |                           | 10 1777                               |   | NET               | WT                                  |  |
| 4   | 1                         | 1)17                                  |   | NET               | • :                                 |  |
| IN CASE OF EMERGENCY, NO  | TIFY: Willyw              | I Rusi                                | <del>2  </del>                          | TRAI              | LER NO. TRACTOR NO.                 |  |
|   |                           | · · · · · · · · · · · · · · · · · · · |   |                   | A. Carrier                          |  |
|   | SHIPP                     | ING INFORM                            | ATION                                   |                   | \ /                                 |  |
| D.O.T. SHIPPING DESCRIPTION   | HAZARD CLASS              | QUANTITY                              | CONTAIN                                 | IER TYPE          | MATERIAL DESCRIPTION                |  |
|   | NON HAZ                   | 30 405                                | 130 X                                   | <u>'</u>          | CONCRETE + DIRT                     |  |
|   |                           | Ä                                     |   |                   |                                     |  |
|   |                           | 1                                     |   |                   | ga                                  |  |
|   | <del> </del>              |                                       | ļ                                       |                   | 8                                   |  |
|   |                           |                                       |   |                   |                                     |  |
| 1   | 1                         | DIAL DIADO                            | OUTION.                                 |                   | <u> </u>                            |  |
|   | MAIE                      | RIAL DISPOS                           |   |                   | NIImn                               |  |
| □ RECLAMATION □ I   | NCINERATION               | □ LAN                                 | DFILL                                   | ОТН               | ER (Specify) DUMP                   |  |
| ADDITIONAL  | ÷ .                       |                                       | •                                       |                   |                                     |  |
| INFORMATION:  |                           |                                       |   |                   | <u>:</u>                            |  |
|   | С                         | ERTIFICATION                          | DN                                      |                   | `~                                  |  |
| GENERATOR DATE S  | SHIPPED /-L               | - 9.5 EP                              | A IDENTIFIC                             | ATION COD         | E NO                                |  |
| COMPANY NAME  |                           | <u> </u>                              | STA                                     | ATE I.D. NO.      | <del></del>                         |  |
| ADDRESS   |                           | . •                                   |   |                   | DER                                 |  |
| CITY  |                           |                                       |   |                   | PHONE                               |  |
| This is to certify that the above named network transportation according to the applications. |                           |                                       |   |                   |                                     |  |
| 1   | Die regulations of the D  | Name WAY                              | ansportation (                          | ATSON             |                                     |  |
| Signature Mynulus   | Print I                   | Name W// '                            | u w                                     | 11 1 201          | Phone 203 434                       |  |
| TRANSPORTER V   |                           | ·                                     |   |                   |                                     |  |
| COMPANY   |                           |                                       |   |                   | DE                                  |  |
| ADDRESS   |                           |                                       |   |                   | PLIONE                              |  |
| CITY This is to certify acceptance of the abo   |                           |                                       |   |                   | PHONE                               |  |
| Signature   | Print I                   | Name                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   | Date Received                       |  |
|   |                           |                                       |   |                   | E NO                                |  |
| TREATMENT/DISPOSAL FACILITY COMPANY SOUTH DAY   | TON DUMP                  | 2                                     |   |                   |                                     |  |
| ADDRESS   |                           |                                       | JOE                                     | 3 NO              |                                     |  |
| CITY  | STATE                     |                                       | <del> </del>                            | ZIP               | PHONE                               |  |
| This is to certify completion of treatmer   | nt, storage, reclamation, | or disposal in co                     | ompliance wit                           | h appropriat      | e regulations. Keep canary copy for |  |
| your records. Forward white copy to   |                           |                                       |   |                   |                                     |  |
| Signature   | Print I                   | Name                                  |   |                   | Date                                |  |